

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007074

FILED
Jan 22, 2009
Secretary of State

Entity Name: SUMMIT DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 1348
ANTHONY, FL 32617 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1348
ANTHONY, FL 32617 US

New Mailing Address:

FEI Number: 59-3649279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLACHLAN, JOHN
11130 NW 17TH CT RD
OCALA, FL 34475 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MACLACHLAN, JOHN D
Address: 11130 NW 17TH CT RD
City-St-Zip: OCALA, FL 34475 US

Title: VP () Delete
Name: KOLPACRI, LEONARD
Address: 11245 NW 17TH CT RD
City-St-Zip: OCALA, FL 34475 US

Title: TREA () Delete
Name: BREITWIESER, DONALD
Address: 1949 NW 111TH LOOP
City-St-Zip: OCALA, FL 34475 US

Title: S () Delete
Name: CODY, LYNDA
Address: 1939 NW 111 LOOP
City-St-Zip: OCALA, FL 34475 US

Title: DIR1 () Delete
Name: DAKE, EUGENE
Address: 11145 NW 17TH CT RD
City-St-Zip: OCALA, FL 34475 US

Title: DIR2 () Delete
Name: BREWER, JERRY
Address: 2090 NW 111TH LOOP
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY BREWER

DIR2

01/22/2009

Electronic Signature of Signing Officer or Director

Date