## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03389

FILED Apr 04, 2008 Secretary of State

Entity Name: SILVER DOWNS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044 US SUITE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address:** New Mailing Address: 2180 WEST SR 434 P.O. BOX 2495 OCALA, FL 34471 US SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-2463915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 SENTRY MANAGEMENT INC LONGWOOD, FL 327795044 US 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US 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: JAMES W HART JR 04/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition SIMON, EUGENE Name: Name: 559 MIDWAY TRACK L201 Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition ALLEN, SYLVIA Name: ALLEN, SYLVIA Name: Address: 584 FAIRWAYS LANE Address: 584 FAIRWAYS CIR #F203 City-St-Zip: OCALA, FL 34472 City-St-Zip: OCALA, FL 34472 Title: VD. () Delete Title: **VPD** (X) Change ( ) Addition CURRAN, FRANK CURRAN, FRANK Name: Name: 576 FAIRWAYS LANE, M201 576 FAIRWAYS LANE #M201 Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: OCALA, FL 34472 Title: PD ( ) Delete Title: () Change () Addition Name: EICHER, KAY Name: 580 FAIRWAYS LN G204 Address: Address: City-St-Zip: OCALA, FL 34472 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition HARRIS, JOHN Name: Name: 572 FAIRWAYS LN #N204 Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34472 Title: () Delete Title: ( ) Change (X) Addition WILSON, COLLEEN Name: Name: Address: Address: 576 FAIRWAYS LN #M101 OCALA, FL 34472 City-St-Zip: 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: KAY EICHER PD 04/04/2008