2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N03389

Entity Name: SILVER DOWNS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2463915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: STD ( ) Delete
Name: ALLEN, SYLVIA
Address: 584 FAIRWAYS CIR #F203
City-St-Zip: OCALA, FL 34472

Title: VPD ( ) Delete
Name: CURRAN, FRANK
Address: 576 FAIRWAYS LANE #M201
City-St-Zip: OCALA, FL 34472

Title: PD ( ) Delete
Name: EICHER, KAY
Address: 580 FAIRWAYS LN G204
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: HARRIS, JOHN
Address: 572 FAIRWAYS LN #N204
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete
Name: WILSON, COLLEEN
Address: 576 FAIRWAYS LN #M101
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SIMON, GENE
Address: 559 MIDWAY TRACK #L201
City-St-Zip: OCALA, FL 34472

Title: TSD (X) Change ( ) Addition
Name: CURRAN, FRANK
Address: 576 FAIRWAYS LANE #M201
City-St-Zip: OCALA, FL 34472

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

Title: VPD (X) Change ( ) Addition
Name: HARRIS, JOHN
Address: 572 FAIRWAYS LN #N204
City-St-Zip: OCALA, FL 34472

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: KAY EICHER PD 03/27/2009

Electronic Signature of Signing Officer or Director — Date