

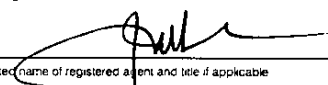
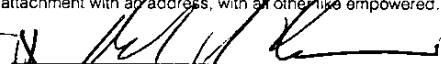


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002697 1. Entity Name UPSON DOWNS HOMEOWNERS ASSOCIATION, INC.						FILED 06 MAR -3 PM 3:27 TALLAHASSEE, FL 2006		
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044				Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044				
2. Principal Place of Business 24525 CR-44A		3. Mailing Address 24525 CR-44A						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02272006 Chg-NP CR2E037 (11/05)				
City & State EUSTIS FLORIDA		City & State EUSTIS FLORIDA		4. FEI Number APPLIED FOR 20-4385584		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip 32736		Country USA		Zip 32736		Country USA		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LARSEN, RICHARD E ESQ. 55 EAST PINE STREET ORLANDO, FL 32801				
7. Name and Address of New Registered Agent Name James W. Hart Street Address (P.O. Box Number is Not Acceptable) 2180 WEST STATE ROAD 434 Suite 5000 City Longwood FL Zip Code 32779				8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE  Signature, typed or printed (name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)				3/2/06 DATE				
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, MARK P.O. BOX 520 SORRENTO, FL 32776			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200067978212 03/15/06--01021--032 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, LEE ANN P.O. BOX 520 SORRENTO, FL 32776			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARSON, ASHLEY 24525 CR 44-A EUSTIS, FL 32736			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/27/06 DATE				
				3523575180 Daytime Phone #				