## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002697

FILED Apr 12, 2007 Secretary of State

Entity Name: UPSON DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-4385584 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 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition Name: CARSON, MARK Name:

 Name:
 CARSON, MARK
 Name:

 Address:
 P.O. BOX 520
 Address:

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:

Title: T ( ) Delete Title: VPD (X) Change ( ) Addition Name: CARSON, LEE ANN Name: CARSON, LEE ANN

Name:CARSON, LEE ANNName:CARSON, LEE ANNAddress:P.O. BOX 520Address:P.O. BOX 520

City-St-Zip: SORRENTO, FL 32776 City-St-Zip: SORRENTO, FL 32776

Title: T ( ) Delete Title: SD (X) Change ( ) Addition Name: CARSON, ASHLEY Name: CARSON, ASHLEY

Address: 24525 CR 44-A City-St-Zip: EUSTIS, FL 32736 RATE: CARSON, ASFLET

Address: 24525 CR 44-A City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK CARSON PD 04/12/2007