

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002697

FILED
Apr 01, 2008
Secretary of State

Entity Name: UPSON DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

107 N LINE DR
APOPKA, FL 32703 US

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:

SUTHERLAND, THERESA D
107 N LINE DR
APOPKA, FL 32835 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: THERESA D SUTHERLAND

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARSON, MARK
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: VPD () Delete
Name: CARSON, LEE ANN
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: SD () Delete
Name: CARSON, ASHLEY
Address: 24525 CR 44-A
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARSON, MARK
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776 US

Title: VTD (X) Change () Addition
Name: CARSON, LEE ANN
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776 US

Title: SD (X) Change () Addition
Name: CARSON, ASHLEY
Address: 24525 CR 44-A
City-St-Zip: EUSTIS, FL 32736 US

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: MARK CARSON

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date