

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002697

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** UPSON DOWNS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

107 N LINE DR  
APOPKA, FL 32703 US

**New Principal Place of Business:**

2582 S. MAGUIRE RD.  
#318  
OCOOE, FL 34761 US

**Current Mailing Address:**

107 N LINE DR  
APOPKA, FL 32703 US

**New Mailing Address:**

P.O. BOX 783367  
WINTER GARDEN, FL 34778 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:**

SOLOMON, SPENCER R  
14443 PRUNNINGWOOD PLACE  
WINTER GARDEN, FL 34787 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: SPENCER R. SOLOMON

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PARDUE, GARY  
Address: 24016 WELDON DR.  
City-St-Zip: EUSTIS, FL 32736 US

Title: VD (X) Change ( ) Addition  
Name: FOSTER, JERRY  
Address: 24207 MILFORD DR.  
City-St-Zip: EUSTIS, FL 32736 US

Title: STD (X) Change ( ) Addition  
Name: TAYLOR, SHARON  
Address: 415 OAK HAVEN DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: GARY PARDUE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date