

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009745

FILED
Apr 27, 2009
Secretary of State

Entity Name: DOWNING OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4045 SOUTH WATERBRIDGE CIRCLE
PORT ORANGE, FL 32119

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10778
DAYTONA BEACH, FL 32115

New Mailing Address:

500 SOUTH BEACH STREET
A-2
DAYTONA BEACH, FL 32114

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGGLE, SHANE K
4045 SOUTH WATERBRIDGE CIRCLE
PORT ORANGE, FL 32119 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: D () Delete
Name: RIGGLE, SHANE K
Address: 4045 SOUTH WATERBRIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: RIGGLE, WILLIAM K
Address: 4045 SOUTH WATERBRIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: RIGGLE, KELLY
Address: 4045 SOUTH WATERBRIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RIGGLE, WILLIAM K
Address: 500 SOUTH BEACH STREET A-2
City-St-Zip: DAYTONA BEACH, FL 32114

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: WILLIAM K. RIGGLE

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date