

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N26447

1. Entity Name
**DARBY DOWNS OF OCALA HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**% MICHAEL HUGGINS
1020 N.E. 30TH AVE., #130
OCALA, FL 34470**

Mailing Address
**% MICHAEL HUGGINS
1020 N.E. 30TH AVE., #130
OCALA, FL 34470**



05132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2993198

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6.-Name and Address of Current Registered Agent

**RISON, CHRISTOPHER
1020 NE 30TH AVE #119
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000952669
06/04/08-80088-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUGGINS, MIKE
STREET ADDRESS	1020 NE 30TH AVE #130
CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD
NAME	GRIFFIN, JAMES
STREET ADDRESS	1020 NE 30TH AVE SUITE 118
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TD
NAME	RISON, CHRISTOPHER D
STREET ADDRESS	1020 NE 30TH AVE #119
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	HANS, PAULINE
STREET ADDRESS	1020 NE 30TH AVE #108
CITY-ST-ZIP	OCALA, FL 34470
TITLE	VD
NAME	PERRY, RODNEY
STREET ADDRESS	1020 NE 30TH AVE #102
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Christopher Rison **Christopher Rison** 5/13/08 (352) 438-2624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #