

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
--	--

DO NOT WRITE IN THIS SPACE



05132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2993198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUGGINS, MIKE 1020 NE 30TH AVE #130 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, JAMES 1020 NE 30TH AVE SUITE 118 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RISON, CHRISTOPHER D 1020 NE 30TH AVE #119 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANS, PAULINE 1020 NE 30TH AVE #108 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, RODNEY 1020 NE 30TH AVE #102 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 #