

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26447

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2993198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RISON, CHRISTOPHER  
1020 NE 30TH AVE #119  
OCALA, FL 34470 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: PD ( ) Delete  
Name: HUGGINS, MIKE  
Address: 1020 NE 30TH AVE #130  
City-St-Zip: OCALA, FL 34470

Title: SD ( ) Delete  
Name: GRIFFIN, JAMES  
Address: 1020 NE 30TH AVE SUITE 118  
City-St-Zip: OCALA, FL 34470

Title: TD ( ) Delete  
Name: RISON, CHRISTOPHER D  
Address: 1020 NE 30TH AVE #119  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: HANS, PAULINE  
Address: 1020 NE 30TH AVE #108  
City-St-Zip: OCALA, FL 34470

Title: VD ( ) Delete  
Name: PERRY, RODNEY  
Address: 1020 NE 30TH AVE #102  
City-St-Zip: OCALA, FL 34470

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

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

Title: SD (X) Change ( ) Addition  
Name: HOWARD, BARBARA  
Address: 1020 NE 30TH AVE #103  
City-St-Zip: OCALA, FL 34470

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

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

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: CHRISTOPHER RISON

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date