

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26447

**FILED**  
**Apr 29, 2012**  
**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: PRES  
Name: HUGGINS, MIKE  
Address: 1020 NE 30TH AVE #130  
City-St-Zip: OCALA, FL 34470

Title: VICE  
Name: PERRY, ROD  
Address: 1020 NE 30TH AVE #102  
City-St-Zip: OCALA, FL 34470

Title: SEC  
Name: GARNER, BRENDA  
Address: 1020 NE 30TH AVE #116  
City-St-Zip: OCALA, FL 34470

Title: TR  
Name: RISON, CHRISTOPHER  
Address: 1020 NE 30TH AVE #119  
City-St-Zip: OCALA, FL 34470

Title: ATLG  
Name: GRENON, CAROL  
Address: 1020 NE 30TH AVE #105  
City-St-Zip: OCALA, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER RISON

TR

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date