FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39565 (9)

1. Corporation Name

DERBY RUN FARMS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
321 NW THIRD AVE OCALA FL ~~32670~~ 34475 US	321 N.W. THIRD AVE. OCALA FL ~~32670~~ 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1990
3a. Date of Last Report: 03/15/1994
4. FEI Number: 29-0261360 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COOPER, MICHAEL J.
321 NW THIRD AVENUE
OCALA FL ~~32670~~ 34475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SPICER, ARNOLD	12 NAME	
STREET ADDRESS	2280 GRANGE HALL RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BEAVERCREEK OH 45431	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SPICER, ERIC A.	22 NAME	
STREET ADDRESS	3178 LANTZ RD	23 STREET ADDRESS	
CITY-ST-ZIP	BEAVERCREEK OH	24 CITY-ST-ZIP	
TITLE	TDV	31 TITLE	☐ Change ☐ Addition
NAME	COLVIN, VICKIE A.	32 NAME	
STREET ADDRESS	3855 CHALET CIRCLE, N.	33 STREET ADDRESS	
CITY-ST-ZIP	BEAVERCREEK OH	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vickie A Colvin 4/19/95 513 426-4922 513 429-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VICKIE A COLVIN

0010308

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING TH FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is inco

Block 3. Enter the date of incorporation or qualification with this off

Block 3a. Enter the file date of the last filed annual report, if applicab

Block 4. Complete Block 4 by entering your Federal Employer Identi ...ock 4, you must now provide the FEI number. For assistance with FEI numb

Block 5. Should you desire a certificate reflecting your corporation's ...75 with your filing fee.

Block 6. Florida law allows for a voluntary contribution of $5.00 per ...es of the Governor and members of the Cabinet. If you would like to contribute,

Block 7. If this corporation is a non-profit corporation exempt from I ...he corporation is not subject to the $68.75 supplemental corporate fee or t ...pplemental corporation fee. Please direct all questions to the IRS at 1-8

Block 8. Check the appropriate box. Please direct all intangible tax qu

Block 9. The law requires that each corporation have a Registered Ag ...rect information in Block 10. There is no additional fee to change the Registe

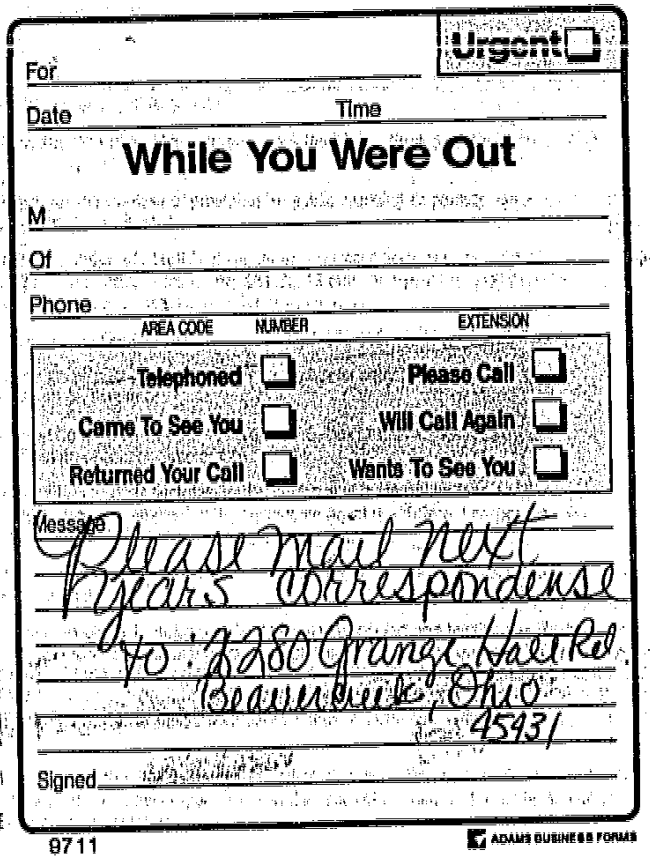
Block 10. Enter name of new Registered Agent and/or new address. TI ...ice of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AG

Block 11. The new registered agent must indicate familiarity with secti ...completing and signing in Block 11. No signature is necessary if the same Re ...ning must state their position with the corporation. NOTE: Registered agent s

Block 12. Block 12 contains the last information on officers/directors r ...e to be made in block 13. If there is no change in the information, nothing els

Block 13. Block 13 is for changes or additions to the existing Officers/D ...symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Se ...sition, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATI ...THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOF ...: If officer or director's address is confidential pursuant to Section 119.07(...et addressee. If there is no street address, enter the mailing address and "N

Block 14. This report must be signed in Block 14 with an original signat ...lon that is listed in Block 12, Block 13 if a change, or on an attachment with a ...tee or receiver. A signature placed on an attachment In lieu of placement in E



Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.