5-19-98 B- 7 Lo 88 FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N39565

(9)

DERBY RUN FARMS PROPERTY OWNERS ASSOCIATION, INC								
Principal Place of Business		Mailing Address			- I 1981 WATER BARD THING SOURT OFFICE OFFICE AND BY BUT OLD IT BEST OFFICE OFFICE OFFI			
321 NW THIRD AVE		321 N.W. THIRD AVE.				3. Date Incorporated or Qualified		
OCALA FL 34475		OCALA FL 34475			08/15/1990			
US		US			- 1	4. FEI Number	Applied For	
					1	29-0261360	Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	9	City & State			7. Is this nonprofit corporation a homeowners			
23		28				No		
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the curr	ent year Intangible	
24	25	29	30]				Yes No	
	9. Name and Address of Currer	nt Registered Agent	8	1 Name		10. Name and Address of New Registered A	gent	
COOPER, MICHAEL J.				IVAING				
		8	2 Street	Addre	ss (P.O. Box Number is Not Acceptable)			
	THIRD AVENUE FL 82670		8	3				
OUNDA I	L QLUTU		_	4 015			"laal 3:- 0-d-	
			8	1		FL	85 Zip Code	
SIGNATURE _	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age					ration submits this statement for the purpose of n's board of directors. I hereby accept the appoint the purpose of the appoint the purpose of the purpose o	intment as registered	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	☐ DELETE	TE 1.1 TITLE				Change Addition	
NAME	SPICER, ARNOLD			1.2 NAME				
STREET ADDRESS	2280 GRANGE HALL RD.		1.3 STRE	et address	i i			
CITY-ST-ZIP	BEAVERCREEK OH			1.4 CITY-ST-ZIP				
TITLE	\$D	☐ DĒLĒTE	2.1 TITLE	2.1 TITLE			Change Addition	
NAME	SPICER, ERIC A.		2.2 NAM					
STREET ADDRESS	***************************************			et address				
CITY-ST-ZIP TITLE	BEAVERCREEK OH			-ST-ZIP			Change Addition	
	TDV	LJ DECENE	3.1 TITLE 3.2 NAME				T custings T vocition	
NAME STREET ADDRESS	SPICER, VICKIE 24 82 N. KNOLL DR.		3.3 STREET ADDRESS					
CITY-ST-ZIP	BEAVERCREEK OH		3.4. CITY-ST-ZIP					
TITLE	DESTENORIES OF	DELETE	4.1 TITLE		1		Change Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CiTY-ST-ZIP	1		4.4 CITY					
TITLE			5.1 TITLE				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		1		Change Addition	
NAME			6.2 NAM6					
STREET ADDRESS			6.3 STRE	ET ADDRESS				

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 open attachment with an address.

FILED

May 19 1998 8:00am

Secretary of State