

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90053 036 \*\*\*\*61.25

DOCUMENT # N00041

1. Corporation Name

DAVENTRY SQUARE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

599 DAVENTRY SQUARE  
PALM HARBOR FL 34683

Mailing Address

599 DAVENTRY SQUARE  
PALM HARBOR FL 34683



2. Principal Place of Business

1700 McMullen Booth Rd  
Suite, Apt. #, etc.

2a. Mailing Address

Same  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/28/1983

4. FEI Number

59-2883630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

City & State

Clearwater Fl

City & State

same

Zip

33759

Country

USA

Country

same

9. Name and Address of Current Registered Agent

MEZER, STEVEN H. P.A.  
1212 COURT ST. STE B  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81. Name

Lennard Leighton

82. Street Address (P.O. Box Number is Not Acceptable)

1700 McMullen Booth Rd.

83.

Suite C-3

84. City

Clearwater

FL

85. Zip Code

33759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHN O MIANO  
STREET ADDRESS 492 DAVENTRY SQUARE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME GARY KAZANECKI  
STREET ADDRESS 525 DAVENTRY SQUARE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME JOSEPH GORTON  
STREET ADDRESS 588 DAVENTRY SQUARE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☒ DELETE

NAME DS SARGENT, BETTY  
STREET ADDRESS 566 DAVENTRY SQUARE  
ST-ZIP PALM HARBOR FL

TITLE ☒ DELETE

NAME D ALAN D SMITH  
STREET ADDRESS 488 DAVENTRY SQUARE  
ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME DS

4.3 STREET ADDRESS MILDRED BICKERTON

4.4 CITY-ST-ZIP 500 DAVENTRY SQUARE

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D

5.3 STREET ADDRESS PAUL MOORE

5.4 CITY-ST-ZIP 569 DAVENTRY SQUARE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/99

Daytime Phone #

CR2E037 (11/98)