2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004040

Apr 13, 2005 Secretary of State

Entity Name: DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 500 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 500 LONGWOOD, FL 32779

FEI Number: 59-3427943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434, STE 5000 LONGWOOD, FL 327795044 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete TORRES, MIGUEL TENDICK, ERIC Name: Name: 661 DHARMA CIRCLE Address: Address:

441 DANIELS POINTE DR City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: (X) Change () Addition

HOLLAND, EVELYN Name: ADAMS, PATRICIA Name: Address: 1339 DANIELS COVE DR Address: 248 DANIELS POINTE DR City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete Title: SD (X) Change () Addition TENDICK, ERIC TORRES, MIGUEL Name: Name:

441 DANIESS POINTE DR. 661 DHARMA CIR Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete Title: TD (X) Change () Addition

DUNCAN, NANCY Name: Name: BRUN, AIMEE 1344 DANIELS COVE DR Address: 582 KARMA AVE. Address: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

WOLFE, BRUCE Name: Name: 256 DANIELS POINTE DR Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERIC TENDICK PD 04/13/2005