2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001900

1. Entity Name

DON DANILO ESTATES PROPERTY OWNERS ASSOCIATION, INC.

55048779

Principal Place of Business	Mailing Address
18 N.W. THIRD AVENUE OCALA FL 34475	18 N.W. THIRD AVENUE OCALA FL 34475

□ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 97-0921542

Applied For / Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
J. WARREN BULLARD 18 N.W. THIRD AVENUE OCALA FL 34475	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL _____ Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. □	$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	□ Delete	TITLE		□ Change	□ Addition
NAME	DIAZ, CRISTOBAL		NAME			
STREET ADDRESS	4440 S.W. 44TH LANE		STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP			
TITLE	VSD	□ Delete	TITLE		□ Change	□ Addition
NAME	DIAZ, MARIA E		NAME			
STREET ADDRESS	4440 S.W. 44TH LANE		STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474		CITY-ST-ZIP			
TITLE	D	□ Delete	TITLE		□ Change	□ Addition
NAME	J. WARREN BULLARD		NAME			
STREET ADDRESS	18 N.W. THIRD AVENUE		STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34475		CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		□ Change	□ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ RECRISTOBAL DIAZ _____ 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #