


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 018 \*\*\*\*61.25

<b>DOCUMENT # N04000005003</b> 1. Entity Name <b>DANIELS PARK HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>530 CONSTRUCTION LN. LEHIGH ACRES, FL 33936</b>			Mailing Address <b>P.O. BOX 1058 LEHIGH ACRES, FL 33970</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1153306</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>COWAN, DENNIS 12801 COMMONWEALTH DRIVE, 12 FORT MYERS, FL 33913</b>			<b>7. Name and Address of New Registered Agent</b> <i>Backer &amp; Poliakoff, P.A., 96 Joseph E. Adams, Esq.</i> <b>14241 Metropolis Ave., Suite 100</b> City <b>Fort Myers</b> FL <b>33912</b>		
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 <i>Joseph E. Adams</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Joseph E. Adams, Esquire</b>		<b>01/31/08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COWAN, DENNIS 12801 COMMONWEALTH DRIVE, 12 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Spiegel, Douglas 14067 Danpark Loop Fort Myers, FL 33912
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PALMER, KELLY 13600 RIVERSIDE CENTER COURT FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Gordy, Jeffrey 14107 Danpark Loop Fort Myers, FL 33912
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHENAILLE, ANGELA 12801 COMMONWEALTH DRIVE, 12 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Mann-Seiple, Catherine 14161 Danpark Loop Fort Myers, FL 33912
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Joseph E. Adams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/18/08 (239) 322-3600</b> <small>Date Daytime Phone #</small>		