

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000010013**

1. Entity Name  
**DAVENPORT ESTATES HOMEOWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**7758 WALLACE ROAD  
SUITE F  
ORLANDO, FL 32819**

Mailing Address  
**7758 WALLACE ROAD  
SUITE F  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**51-0609969**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FENN, RONALD E  
7758 WALLACE ROAD  
SUITE F  
ORLANDO, FL 32819**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FENN, RONALD E  
7758 WALLACE ROAD SUITE F  
ORLANDO, FL 32819**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FENN, DEBORAH A  
7758 WALLACE ROAD SUITE F  
ORLANDO, FL 32819**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GUPTA, SURESH  
5200 VINELAND ROAD, STE 200  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000840986  
03/07/08-80015-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with 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.

**SIGNATURE: *Ronald E Fenn* RONALD E. FENN**

**1/24/08 407-358-8002**  
Date Daytime Phone #