2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2005
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13256

1. Entity Name
DAVIS LAKE GOLF ESTATES UNIT FIVE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2896 S. CIRCLE POINT #2896 INVERNESS, FL 34450 US	2896 S. CIRCLE POINT INVERNESS, FL 34450 US

Place of Business + Mailing add
2896 S. CIRCLE PT
INVERNESS, FL 34450 U.S.

02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2949663

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STAUFENBERG, KARL H
2800 S. CIRCLE PT.
INVERNESS, FL 34450

CHANGE
KATHLEEN R. COOPER
2896 S. CIRCLE PT
INVERNESS FL 34450

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 Kathleen R Cooper KATHLEEN R COOPER 3/28/05
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, HEATHER
STREET ADDRESS	2830 SOUTH CIRCLE DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	ST
NAME	STAUFENBERG, KARL H
STREET ADDRESS	2800 S. CIRCLE PT.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VPD
NAME	BALSON, EDWARD
STREET ADDRESS	2802 S CIRCLE DR
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

S/T KATHLEEN R COOPER
2896 S. CIRCLE PT
INVERNESS, FL 34450

600054013716
05/06/05--01064--008 **61.25

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: Kathleen R Cooper KATHLEEN R COOPER 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #