


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90189 038 ****61.25

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| DOCUMENT # N13256 1. Entity Name DAVIS LAKE GOLF ESTATES UNIT FIVE OWNERS' ASSOCIATION, INC. | |  |
| Principal Place of Business 2896 S. CIRCLE PT. INVERNESS, FL 34450 US | | Mailing Address 2896 S. CIRCLE PT. INVERNESS, FL 34450 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent COOPER, KATHLEEN R 2896 S. CIRCLE PT. INVERNESS, FL 34450 | | DO NOT WRITE 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 <u>NO CHANGE</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, HEATHER 2830 SOUTH CIRCLE DR. INVERNESS, FL 34450 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BALLOU, JESSIE 2935 S. CIRCLE PT INVERNESS, FL 34450 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BALSON, EDWARD 2802 S CIRCLE DR INVERNESS, FL 34450 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <u>Jessie Ballou</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>JESSIE BALLOU 4-17-07</u> Daytime Phone # <u>(352) 344-8680</u> |



02272007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2949663 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |