FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48497** **(4)**

1. Corporation Name

DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 195756 WINTER SPRINGS FL 32708 US	P.O. OX 195756 WINTER SPRINGS FL 32708 US

3. Date Incorporated or Qualified: **04/22/1992**

3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3155299** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

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

City & State — 23 / 28

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

Zip — 24 / 29 — Country — 25 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TABBUTT, JOHN
1702 LITTLETON COURT
WINTER PAKR FL 32708

10. Name and Address of New Registered Agent

81 Name: Same

82 Street Address (P.O. Box Number is Not Acceptable): Same

83

84 City: Winter Springs FL 85 Zip Code: Same

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 1/16/96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TABBUTT, JOHN		1.2 NAME		
STREET ADDRESS	1702 LITTLETON COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	GRAY, JIM		2.2 NAME	White, Greg	
STREET ADDRESS	1704 LITTLETON COURT		2.3 STREET ADDRESS	1555 Warrington Street	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	Winter Springs, Fl 32708	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MELLEN, CAROL		3.2 NAME		
STREET ADDRESS	1705 LITTLETON COURT		3.3 STREET ADDRESS		
CITY-ST ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAY, PAMELA		4.2 NAME		
STREET ADDRESS	1547 WARRINGTON COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	STANFIELD, DAN		5.2 NAME	Wagner, Phil	
STREET ADDRESS	1577 WARRINGTON		5.3 STREET ADDRESS	1701 Littleton Court	
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP	Winter Springs, Fl 32708	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/16/96

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