SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

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

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TABBUTT, JOHN
1702 LITTLETON COURT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
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	WHITE, GREG		2.2 NAME	Carol Mellen	
STREET ADDRESS	1555 WARRINGTON STREET		2.3 STREET ADDRESS	1705 Littleton Ct.	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	Winter Springs Fl 32708	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MELLEN, CAROL		3.2 NAME	Pamela Kay	
STREET ADDRESS	1705 LITTLETON COURT		3.3 STREET ADDRESS	1547 Warrington Ct.	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	Winter Springs Fl 32708	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	KAY, PAMELA		4.2 NAME	Jamie Magnum	
STREET ADDRESS	1547 WARRINGTON COURT		4.3 STREET ADDRESS	1701 Littleton Ct.	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	Winter Springs Fl 32708	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WAGNER, PHIL		5.2 NAME	Jim Mitchell	
STREET ADDRESS	1701 LITTLETON COURT		5.3 STREET ADDRESS	1705 Galway Ct.	
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 (4/97)

14. I do 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 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 REQUIRED 7-31-97 350.00