

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90002 030 ****61.25

DOCUMENT # N48497

1. Entity Name

DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC.

N0000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2180 WEST SR 434, STE 5000 LONGWOOD FL 32779-5044 US		Mailing Address 2180 WEST SR 434, STE 5000 LONGWOOD FL 32779 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3029049 59-3155289		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JR., JAMES W C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEES IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABBUTT, JOHN 1702 LITTLETON COURT WINTER SPRINGS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REDFERN, KATHLEEN 1555 WARRINGTON ST WINTER SPRINGS FL 32708 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYSER, JOHN 1707 BITTLE CT WINTER SPGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENAU, HANS 1706 LITTLETON CT WINTER SPRINGS FL 32708 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAY, PAMELA 1547 WARRINGTON CT WINTER SPRINGS FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLACUM, DAVE 1559 WARRINGTON ST WINTER SPRINGS FL 32708 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMBLET, JAYE 1553 WARRINGTON WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICH 1706 LITTLETON CT WINTER SPRINGS FL 32708 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #