2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48497

DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434, STE 5000 LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434. STE 5000 LONGWOOD FL 32779

FILED Apr 17, 2000 8:00 am Secretary of State

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

MUUJJOLI

US	L 02/10 00/11	US	US									
		12)	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	e	City & State				4. FEI Number 59-3029049 Applied For Not Applicable						
Zip	Country	Zip	Count	try		5. Certificate	of Status I	Desired		8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and	Address	of New Re	gistered A	gent		
and the second of the second o					- Name							
HART, JR., JAMES W C/O SENTRY MANAGEMENT, INC.					Street Address (P.O. Box Number is Not Acceptable)							
	T SR 434, SUITE 5000 DD FL 32779-5044		City			-			FL	Žip Cod	e	
		the purpose of changing its	registered	Loffice or	ragisterad	agent or hot	h in the et	ate of Flori		<u> </u>		
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												
		T								·		
FILE NOW: 9. Election (Campaign Financing \$5.0			00 May Be Make Check Payable to					,	
	FEE IS \$61.25			Added to			Dep	artment (of State	{		
						DITIONIO (OLI	111050.70	A OFFICE D	O AND DID	FOTODO IN		
10.	OFFICERS AND DIR		11.		VD AD	DITIONS/CH	ANGES IC	OFFICER				
TITLE	PD TARRITT IOUN	☐ Delete	TITLE NAME	1		RN KATH	LEEN			☐ Change	XX ddition	
NAME STREET ADDRESS	TABBUTT, JOHN		STREET			FERN,KATHLEEN 5 WARRINGTON ST						
CITY-ST-ZIP	1702 LITTLETON COURT		CITY-S			FER SPRINGS FL 32708						
	WINTER SPRINGS FL	Flori			1D		45 16	32700		Change	Addition	
TITLE	VPD	XXOelete TITLE				AU,HANS				☐ Cuange	(A) Addition [
NAME STREET ADDRESS	RYSER, JOHN		STREE		1706	LITTLETON CT]	
CITY-ST-ZIP	1707 BITTLE CT		CITY-S		WINTE	R SPRIN	GS FL	32708				
	WINTER SPGS FL 32708									☐ Change		
NAME	KAY, PAMELA	TXVDelete	TITLE		D _	M DAVE				Onlinge	XXAddition	
STREET ADDRESS	1547 WARRINGTON CT			ADDRESS	JEEO	M,DAVE WARRING	TON C	т			ì	
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-S		WINTE	R SPRIN	CC FI	ี ววรกฎ				
TITLE	SD SD	☐ Delete	TITLE	- 	MINIE	<u>n dinan</u>	<u>yj il</u>	32700		☐ Change	Addition	
NAME	HAMBLET, JAYE	□ Delete	NAME	- !						Onlango		
STREET ADDRESS	1553 WARRINGTON			ADDRESS							}	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-S	T-ZIP							}	
TITLE	D	X Delete	TITLE							☐ Change	Addition	
NAME	BROWN, RICH	M-1/00/00	NAME	1						_		
STREET ADDRESS	1706 LITTLETON CT		STREET	ADDRESS								
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-S	T-ZIP					_		{	
TITLE		☐ Delete	TITLE		-					Change	☐ Addition	
NAME	,		NAME	[•	[
STREET ADDRESS			STREET	ADDRESS							}	
CITY-ST-ZIP			CITY-S	T-ZIP							l	
12 I harabu a	antify that the information as noticed with	this filling does not availed for	the aver	ntion state	ad in Casti	on 110 07/21/	i) Elorido	Statutac J	Lucthar aarti	fu that the in	aformation	

Increase certify that the information supplied with this filling 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 of 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:

Daytime Phone #