2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am § Secretary of State **DOCUMENT # N48497** 1. Entity Name DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC. 05-05-2001 90822 023 ****61.25 Principal Place of Business Mailing Address 2180 WEST SR 434, STE 5000 2180 WEST SR 434, STE 5000 UUUZIIVA LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **59-3155299***3629049* Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JR., JAMES W C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 Zip Code LONGWOOD FL 32779-5044 FL 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD X Addition Delete TITLE TITLE LOIARS, JOSEPH TABBUTT, JOHN NAME NAME 1596 WARRINGTON ST 1702 LITTLETON COURT STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP WINTER SPRINGS, FL CITY-ST-ZIP 32708 VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE REDFERN, KATHLEEN NAME NAME STREET ADDRESS 1555 WARRINGTON ST. STREET ADDRESS WINTER SPGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP TD. Change ☐ Addition TITLE ☐ Delete TITLE JENAU, HANS NAME NAME STREET ADDRESS 1706 LITTLETON CT. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-7IP SD ☐ Delete TITLE X Change ☐ Addition TITLE HAMBLET, JAYE NAME HAMBLET, JOHN NAME 1553 WARRINGTON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SLACUM, DAVE NAME NAME 1559 WARRINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME * STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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.

CITY-ST-ZIP

Daytime Phone #