2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48497

FILED Mar 18, 2004 Secretary of State

Entity Name: DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, STE 5000 LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, STE 5000 LONGWOOD, FL 327795044 US

FEI Number: 59-3029049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JR., JAMES W C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WINSHIP, CHUCK REDFERN, CRAIG Name: Name: 1565 WARRINGTON ST Address: 1555 WARRINGTON ST Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete Title: (X) Change () Addition ALFERT, GEORGE Name: BRUBAKER, JIM Name: Address: 1707 STOCKPORT ST Address: 1583 WARRINGTON ST City-St-Zip: WINTER SPGS, FL 32708 City-St-Zip: WINTER SPINGS, FL 32708

Title: () Delete Title: SD (X) Change () Addition STIEGEL, BRETT MANNARINO, MARTHA Name: Name:

1588 WARRINGTON ST 1705 STOCKPORT ST Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: (X) Change () Addition

Name: RIVERA, EDMUDO I Name: RIVERA, EDMUDO 1700 GALWAY CT Address: 1700 GALWAY CT Address: WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition REDFERN, CRAIG BOHINSKY, BRIAN Name: Name: 1555 WARRINGTON ST 1569 WARRINGTON ST Address: Address: WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG REDFERN PD 03/18/2004