

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48497

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** DAVENPORT GLEN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3155299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Title: PD ( ) Delete  
Name: WINSHIP, CHICK  
Address: 1565 WARRINGTON ST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD ( ) Delete  
Name: BRUBAKER, JIM  
Address: 1583 WARRINGTON ST  
City-St-Zip: WINTER SPINGS, FL 32708

Title: SD ( ) Delete  
Name: EATMON, MICHAEL  
Address: 1573 WARRINGTON ST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: SHINKLE, CHARLES  
Address: 1703 STOCKPORT ST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: BOHINSKY, BRIAN  
Address: 1569 WARRINGTON ST  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRUBAKER, JIM  
Address: 1583 WARRINGTON ST  
City-St-Zip: WINTER SPINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SHINKLE, CHARLES  
Address: 1703 STOCKPORT ST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHICK WINSHIP

PD

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date