FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:58

DOCUMENT # **S28045** **(0)**

1. Corporation Name
DAVENPORT ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LOT 195 DAVENPORT RV RESORT 2900 POWERLINE RD. HAINES CITY FL 33844	LOT 195 DAVENPORT RV RESORT 2900 POWERLINE RD. HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3056917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTIONORE, CHARLES J.
LOT 195 DAVENPORT RV RESORT
2900 POWERLINE ROAD
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	TD	☒ Change ☐ Addition
NAME	STICKLES, WALTER H.	1 2 NAME	MAHAR, William	
STREET ADDRESS	2900 POWERLINE RD #196	1 3 STREET ADDRESS	2900 Powerline RD #65	Delete
CITY-ST-ZIP	HAINES CITY FL	1 4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	2 1 TITLE	D	☐ Change ☒ Addition
NAME	MUMMERY, ARTHUR	2 2 NAME	MAURER, Richard	
STREET ADDRESS	2900 POWERLINE RD #124	2 3 STREET ADDRESS	2900 Powerline Rd #116	
CITY-ST-ZIP	HAINES CITY FL	2 4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	SD	3 1 TITLE	D/T	☐ Change ☒ Addition
NAME	WINSLOW, WILLIAM	3 2 NAME	MORSCH, Catherine V	
STREET ADDRESS	2900 POWERLINE RD #21A	3 3 STREET ADDRESS	2900 Powerline Rd # 185	
CITY-ST-ZIP	HAINES CITY FL	3 4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	TD	4 1 TITLE	VD	☒ Change ☐ Addition
NAME	MAHAR, WILLIAM	4 2 NAME	Mummery, Arthur	
STREET ADDRESS	2900 POWERLINE RD #65	4 3 STREET ADDRESS	2900 Powerline Rd # 124	
CITY-ST-ZIP	HAINES CITY FL	4 4 CITY-ST-ZIP	Haines City FL 33844	
TITLE	D	5 1 TITLE		☐ Change ☐ Addition
NAME	BEIDECK, ALTON	5 2 NAME		
STREET ADDRESS	2900 POWERLINE RD #101	5 3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	5 4 CITY-ST-ZIP		
TITLE	D	6 1 TITLE		☐ Change ☐ Addition
NAME	ELROD, EUGENE	6 2 NAME		
STREET ADDRESS	2900 POWERLINE RD # 14	6 3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL	6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William W. Winslow William W. Winslow 3-23-95 #134225441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
S/D

0440260 FP