FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Feb 21 1997 8:00am
Secretary of State

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 33844-8153

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS			13.	
TITLE	PD	☐ DELETE	11	
NAME	STICKLES, WALTER H.		12	
STREET ADDRESS	2900 POWERLINE RD #196		13	
CITY-ST-ZIP	HAINES CITY FL		14	
TITLE	D	☐ DELETE	21	
NAME	TROUT, ROBERT E.		22	
STREET ADDRESS	2900 POWERLINE RD #3		23	
CITY-ST-ZIP	HAINES CITY FL		24	
TITLE	SD	☐ DELETE	31	
NAME	WINSLOW, WILLIAM		32	
STREET ADDRESS	2900 POWERLINE RD #21A		33 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MUMMERY, ARTHUR		4.2 NAME	
STREET ADDRESS	2900 POWERLINE RD., #124		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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	

Department of STATE
You may DELETE in Block 13 The NAME of TROUT, ROBERT E.
W. W Winslow Secty

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 2-19-97 941 422-5441
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #