FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANTIONORE, CHARLES J. LOT 195 DAVENPORT RV RESORT 2900 POWERLINE ROAD HAINES CITY FL 33844	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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	STICKLES, WALTER H.		1.2 NAME	TROUT, Robert E.	
STREET ADDRESS	2900 POWERLINE RD #196		1.3 STREET ADDRESS	2900 PowerLine RD #3	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	Haines City FL. 33844	
TITLE	VD	☐ DELETE	2.1 TITLE	DT	☐ Change ☑ Addition
NAME	MUMMERY, ARTHUR		2.2 NAME	MORSCH, Catherine V	
STREET ADDRESS	2900 POWERLINE RD., #124		2.3 STREET ADDRESS	2900 PowerLine Rd #185	
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP	Haines City FL. 33844	
TITLE	D	☐ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	BEIDECK, ALTON		3.2 NAME	Winslow, William W	
STREET ADDRESS	2900 POWERLINE RD #101		3.3 STREET ADDRESS	2900 PowerLine Rd #21A	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	Haines City FL 33844	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELROD, EUGENE		4.2 NAME		
STREET ADDRESS	2900 POWERLINE RD # 14		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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, Sec'y 2-9-98 (941) 422-5441