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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90036 037 ***150.00

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DOCUMENT # S28045

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 Qualifed: 01/28/1991

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. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	STICKLES, WALTER H.		1.2 NAME	O'Bryan, Sally	
STREET ADDRESS	2900 POWERLINE RD #196		1.3 STREET ADDRESS	2908 Powerline Road #179	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	MUMMERY, ARTHUR		2.2 NAME	ALLEN, Lawrence	
STREET ADDRESS	2900 POWERLINE RD., #124		2.3 STREET ADDRESS	2900 Powerline Road #152	
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	STICKLES, WALTER H	
STREET ADDRESS	2900 POWERLINE RD #101		3.3 STREET ADDRESS	2900 Powerline Road #196	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	ELROD, EUGENE		4.2 NAME	WISE, Edward	
STREET ADDRESS	2900 POWERLINE RD # 14		4.3 STREET ADDRESS	2900 Powerline Road #12B	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	D	☐ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	TROUT, ROBERT E.		5.2 NAME	Winslow, William W.	
STREET ADDRESS	2900 POWELINE ROAD #3		5.3 STREET ADDRESS	2900 Powerline Road #21A	
CITY-ST-ZIP	HAINES CITY FL 33844		5.4 CITY-ST-ZIP	Haines City FL 33844	
TITLE	DT	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	MORSCH, CATHERINE V.		6.2 NAME	CULVER, Ralph	
STREET ADDRESS	2900 POWERLINE ROAD #185		6.3 STREET ADDRESS	2900 Powerline Road #61	
CITY-ST-ZIP	HAINES CITY FL 33844		6.4 CITY-ST-ZIP	Haines City FL 33844	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Sally O'Bryan V.P. President April 2, 1999 941-421-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #