2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90065 029 ***150.00

DOCUMENT # S28045

1. Entity Name
DAVENPORT ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
DAVENPORT ESTATES 2900 POWERLINE RD HAINES CITY, FL 33844	DAVENPORT ESTATES 2900 POWERLINE RD HAINES CITY, FL 33844

03062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'BRYAN, SALLY LOT 179 DAVENPORT RV RESORT 2900 POWERLINE ROAD HAINES CITY, FL 33844	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EAKMAN, RICHARD 2900 POWERLINE RD HAINES CITY, FL	☐ Delete	RA O'BRYAN · SALLY 2900 POWERLINE RD # 179 HAINES CITY FL 33844	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OSTRANDER, ROGER 2900 POWERLINE RD 12 HAINES CITY, FL	☐ Delete	S.D COLLEEN A DERRENBACHER 2900 POWERLINE RD # HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSE, HAYES 2900 POWERLINE RD 118 HAINES CITY, FL	☐ Delete	D LARRY REID 2900 POWERLINE RD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JEAN, CROTER 2900 POWERLINE RD 178 HAINES CITY, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM, CASE 2900 POWERLINE RD 155 HAINES CITY, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VINCENT, VICARIE 2900 POWERLINE RD 34 HAINES CITY, FL 33844	☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT J VICARIE 3-17-04 863-421-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vincent J Vicarie

CK0560
3/16/04