2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90073 050 ***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

01162005 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, 2005 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~~ VP EAKMAN, RICHARD 2900 POWERLINE RD HAINES CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry R. Reid Lot 102 2900 Powerline Rd. Haines City, FL 33844-9063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OSTRANDER, ROGER 2900 POWERLINE RD 12 HAINES CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James G. Reagan 2900 Power Line Rd. Lot 192 Haines City, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSE, HAYES 2900 POWERLINE RD 118 HAINES CITY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mrs. Betty Grottendick 75 Country Manor Drive SE Wshngtn Ct Hs, OH 43160-9362	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA SECT D O'BRYAN, SALLY 2900 PWERLINE RD., #179 HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DERRENBACHER, COLLEEN A 2900 POWERLINE RD. HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTREA VINCENT, VICARIE 2900 POWERLINE RD 34 HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Vicarie VINCENT J VICARIE 2-21-05 863-421-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #