

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90020 009 \*\*\*150.00

<b>DOCUMENT # S28045</b> 1. Entity Name <b>DAVENPORT ESTATES ASSOCIATION, INC.</b>					
Principal Place of Business <b>DAVENPORT ESTATES 2900 POWERLINE RD HAINES CITY, FL 33844</b>			Mailing Address <b>DAVENPORT ESTATES 2900 POWERLINE RD HAINES CITY, FL 33844</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3056917</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>O'BRYAN, SALLY LOT 179 DAVENPORT RV RESORT 2900 POWERLINE ROAD HAINES CITY, FL 33844</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be          Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD NAME EAKMAN, RICHARD STREET ADDRESS 2900 POWERLINE RD CITY - ST - ZIP HAINES CITY, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME REID, LARRY R STREET ADDRESS 2900 POWERLINE RD, LOT 102 CITY - ST - ZIP HAINES CITY, FL 338449063	<input type="checkbox"/> Delete	
TITLE D NAME REAGAN, JAMES G STREET ADDRESS 2900 POWERLINE RD, LOT 192 CITY - ST - ZIP HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE D NAME DERRENBACHER, COLLEEN A STREET ADDRESS 2900 POWERLINE RD. CITY - ST - ZIP HAINES CITY, FL 33844	<input type="checkbox"/> Delete	
TITLE RASD NAME O'BRYAN, SALLY STREET ADDRESS 2900 PWERLINE RD., #179 CITY - ST - ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		TITLE DT NAME VINCENT, VICARIE STREET ADDRESS 2900 POWERLINE RD 34 CITY - ST - ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			TITLE SD NAME KAYE HARRISON STREET ADDRESS 2900 POWERLINE RD LOT 10 CITY - ST - ZIP HAINES CITY FL 33844		
TITLE P NAME JAYE JACKSON STREET ADDRESS 2900 POWERLINE RD LOT 32 CITY - ST - ZIP HAINES CITY FL 33844			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SIGNATURE: <i>Sally L. O'Bryan</i> SALLY L. O'BRYAN RA 3/27/06 863-431-2129</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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