


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90008 007 ***150.00

DOCUMENT # S28045	
1. Entity Name DAVENPORT ESTATES ASSOCIATION, INC.	

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40056634



03122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent O'BRYAN, SALLY LOT 179 DAVENPORT RV RESORT 2900 POWERLINE ROAD HAINES CITY, FL 33844		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WITT, LARRY 2900 POWERLINE RD, LOT 141 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITT, LARRY 2900 Power Line Rd, Lot 141 HAINES City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, DAVID J 2900 POWERLINE RD LOT 32 HAINES CITY, FL 338449063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAGAN, JAMES G 2900 POWERLINE RD, LOT 192 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON BUZZARD 2900 Powerline Rd Lot 25 HAINES City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, KAYE H 2900 POWERLINE RD, LOT 10 HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, NELSON 2900 POWERLINE RD. HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA VAN WINKLE 2900 Power Line Rd Lot 30 HAINES City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, DAVE 2900 POWERLINE RD, LOT 32 HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERALD CADORETTE 2900 Power Line Rd, Lot 121 HAINES City, FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: David Jackson 2008 03 19 863 422 5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #