2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# S28045

Entity Name: DAVENPORT ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

DAVENPORT ESTATES
2900 POWERLINE RD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

DAVENPORT ESTATES
2900 POWERLINE RD
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3056917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BRYAN, SALLY
LOT 179 DAVENPORT RV RESORT
2900 POWERLINE ROAD
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP
Name: COOPER, LARRY
Address: 2900 POWER LINE RD. LOT 125
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: MCDOUGALD, LINDA
Address: 2900 POWERLINE RD LOT 56
City-St-Zip: HAINES CITY, FL 338449063

Title: P
Name: FAUX, CHARLES
Address: 2900 POWERLINE RD. LOT 83
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: VANPELT, RICHARD
Address: 2900 POWERLINE RD. LOT 28
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: LAVERY, BEVERLY
Address: 2900 POWER LINE RD LOT 163
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: SWETLAND, ROGER
Address: 2900 POWER LINE RD LOT 139
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES FAUX P 03/22/2012

Electronic Signature of Signing Officer or Director — Date