2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90164 029 ***150.00

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DOCUMENT # S28045

1. Entity Name
DAVENPORT ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LOT 195 DAVENPORT RV RESORT 2900 POWERLINE RD. HAINES CITY FL 33844	LOT 195 DAVENPORT RV RESORT 2900 POWERLINE RD. HAINES CITY FL 33844

2. Principal Place of Business	3. Mailing Address
DAVENPORT ESTATES	DAVENPORT RV ~~#195~~ #179
Suite, Apt. #, etc. 2900 Powerline RD.	Suite, Apt. #, etc. 2900 Powerline Rd ~~#195~~ #179
City & State HAINES CITY FLA	City & State HAINES CITY FLA
Zip / Country 33844 / Polk	Zip / Country 33844 / Polk

☐ CHECK HERE IF MAKING CHANGES

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 Sally L. O'Bryan
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 STICKLES, WALTER H. 2900 POWERLINE RD #196 HAINES CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EAKMAN RICHARD 2900 Powerline Rd #3 HAINES City FL	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAWRENCE, ALLEN 2900 POWERLIONE DR #152 HAINES CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROGER OSTRANDER 2900 Powerline Rd #12 HAINES City FLA	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'BRYAN, SALLY 2900 POWERLINE RD #179 HAINES CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYES ROSE 2900 Powerline Rd #118 HAINES City FLA	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WISE, EDWARD 2900 POWERLINE RD #128 HAINES CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CROTSER JEAN 2900 Powerline Rd #178 HAINES CITY FLA	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINSLOW, WILLIAM W 2900 POWERLINE RD #21A HAINES CITY FL 33844	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASE WILLIAM 2900 Powerline Rd #155 HAINES City FLA	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULVER, RALPH 2900 POWERLINE RD #61 HAINES CITY FL 33844	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICARIE VINCENT 2900 Powerline Rd #34 HAINES City FLA	☑ Change ☑ Addition

CR2E034 (10/02)

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: Jean W. Crotser JEAN W. CROTSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-6-03 Daytime Phone #