

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006586

Entity Name: DAVE'S HOUSE, INC.**Current Principal Place of Business:**5051 NORTH LANE
ORLANDO, FL 32808**Current Mailing Address:**P.O. BOX 1466
WINDERMERE, FL 34786**FEI Number:** 27-0533943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILENSKY, RONALD J
5051 NORTH LANE
ORLANDO, FL 32808 US*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:** RONALD WILENSKY

03/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER
Name WILENSKY, RONALD J MR.
Address 5051 NORTH LANE
City-State-Zip: ORLANDO FL 32808

Title OTHER
Name WILENSKY, LINDA J. MRS.
Address 5051 NORTH LANE
City-State-Zip: ORLANDO FL 32808

Title EXECUTIVE DIRECTOR
Name O'CONNOR, ELLEN
Address 5051 NORTH LANE
City-State-Zip: ORLANDO FL 32808

Title TREASURER
Name HOFMA, EDWARD
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name LORI, TRAINER
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name PALMA, MATTHEW
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name BERNARDI, TIM
Address MADER SOUTHEAST CONSTRUCTION
2300 E LANDSTREET RD
City-State-Zip: ORLANDO FL 32824

Title CHAIRMAN
Name SCHWARTZ, ADAM
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN O'CONNOR**EXECUTIVE DIRECTOR**

03/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER
Name NORMAN, ELENA
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name CHAPMAN, DESHAWN DR.
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name CLARK, TIMOTHY
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name LOYO, RONALDO
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name WHEELER, NANCY
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name CASE, KAREN
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786

Title OTHER
Name STEPHENS, DERRICK
Address P.O. BOX 1466
City-State-Zip: WINDERMERE FL 34786