

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000006586

**Entity Name:** DAVE'S HOUSE, INC.**Current Principal Place of Business:**9152 POINT CYPRESS DR  
ORLANDO, FL 32836**Current Mailing Address:**P.O. BOX 1466  
WINDERMERE, FL 34786**FEI Number:** 27-0533943**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILENSKY, RONALD J  
9152 POINT CYPRESS DRIVE  
ORLANDO, FL 32836 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

10/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name WILENSKY, RONALD J MR.  
Address 9152 POINT CYPRESS DR  
City-State-Zip: ORLANDO FL 32836

Title VS  
Name WILENSKY, LINDA J. MRS.  
Address 9152 POINT CYPRESS DR  
City-State-Zip: ORLANDO FL 32836

Title EXECUTIVE DIRECTOR  
Name O'CONNOR, ELLEN  
Address 9152 POINT CYPRESS DR  
City-State-Zip: ORLANDO FL 32836

Title TREASURER  
Name HARRIMAN, MARTHA  
Address 2108 OPERC DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title VC  
Name EDWARD, HOFMA  
Address WITHUM  
14  
City-State-Zip: ORLANDO FL 32803

Title MR.  
Name JIM, DEMARK  
Address COMMUNITY BASED CARE  
1594 COMMON WAY RD. 102  
City-State-Zip: ORLANDO FL 32814

Title MRS.  
Name LORI, TRAINER  
Address SOUTHERN AFFORDABLE SERVICES  
INC.  
335 N. KNOWLES AVE 101  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name PALMA, MATTHEW  
Address BROAD AND CASSEL  
390 NORTH ORANGE AVE SUITE 1400  
City-State-Zip: ORLANDO FL 32801

**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**

10/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ECKELBARGER, ADAM  
Address MADER SOUTHEAST CONSTRUCTION  
2300 E LANDSTREET RD  
City-State-Zip: ORLANDO FL 32824

Title DIRECTOR  
Name NORMAN, ELENA  
Address WYNDHAM VACATION CLUB  
7718 HIDDEN IVEY CT  
City-State-Zip: ORLANDO FL 32819

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

Title DIRECTOR  
Name GATES, RENAE  
Address P.O. BOX 1466  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name SCHWARTZ, ADAM  
Address 1625 MARGATE AVENUE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name BREWER HARRIS, JENNIFER  
Address VISTANA SIGNATURE EXPERIENCES  
9002 SAN MARCO CT.  
City-State-Zip: ORLANDO FL 32919

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