2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2015
Secretary of State
CC9161824116

DOCUMENT# S28045

Entity Name: DAVENPORT ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

DAVENPORT ESTATES
2900 POWERLINE RD
HAINES CITY, FL 33844

Current Mailing Address:

DAVENPORT ESTATES
2900 POWERLINE RD
HAINES CITY, FL 33844

FEI Number: 59-3056917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	S
Name	MCDOUGALD, LINDA
Address	2900 POWERLINE RD LOT 56
City-State-Zip:	HAINES CITY FL 33844-9063

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

Title	VP
Name	REED, DAVID
Address	2900 POWERLINE RD. LOT 109
City-State-Zip:	HAINES CITY, FL FL 33488

Title	DIRECTOR
Name	MOOS, DENNIS
Address	2900 POWERLINE RD LOT#110
City-State-Zip:	HAINES CITY FL 33844

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

Title	D
Name	MILLER, CARYL
Address	2900 POWER LINE RD LOT 76
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	AVERY, JIM
Address	2900 POWERLINE RD LOT#160
City-State-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 PRESIDENT 01/23/2015

Electronic Signature of Signing Officer/Director Detail — Date