

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760560 (3)**

1. Corporation Name  
**DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 APR 12 PM 11:56

Principal Place of Business <b>16881 DAVIS RD SW FT MYERS FL 33908</b>	Mailing Address <b>16881 DAVIS RD SW FT MYERS FL 33908</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/22/1981</b>	3a. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>59-2138266</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**HURLEY, JAMES F.  
16007 DAVIS RD SW #1  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRUN, FRANK A. JR.	1.2 NAME	
STREET ADDRESS	338 LAKE ST APT B	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL LAKES IL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODARCZYIC, LEONARD J.	2.2 NAME	
STREET ADDRESS	16881 DAVIS RD SW # 821	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESMERY, JANE	3.2 NAME	
STREET ADDRESS	40 GRANITE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GUILFORD CT 06437	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOMPINSKI, GERALD	4.2 NAME	<b>G. LORIE GRABITZ</b>
STREET ADDRESS	6801 BRIARCLIFF ROAD	4.3 STREET ADDRESS	<b>16881 DAVIS RD. S.W. #722</b>
CITY - ST - ZIP	FT. MYERS FL 33912	4.4 CITY - ST - ZIP	<b>FT. MYERS, FL. 33908</b>
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, JAMES F.	5.2 NAME	
STREET ADDRESS	16007 DAVIS RD. SW #114	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank A. McGrun Jr. - FRANK A. MCGRAN JR. - 4/5/95 434-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)