

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760560 (3)

1. Corporation Name
DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 16881 DAVIS RD SW FT MYERS FL 33908
Mailing Address: 16881 DAVIS RD SW FT MYERS FL 33908

3. Date Incorporated or Qualified: 10/22/1981
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2138266	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

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: STANLEY MOGILSKI
82 Street Address (P.O. Box Number is Not Acceptable): 16881 DAVIS RD.S.W. #524
83 City: FT.MYERS
84 City: FT.MYERS
85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.003, Florida Statutes.

SIGNATURE: *Stanley Mogilski* STANLEY MOGILSKI (President) 3/14/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCGRUN, FRANK A. JR. 338 LAKE ST APT B CRYSTAL LAKES IL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD MOGILSKI, STANLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VD WODARCZYK, LEONARD J. 16881 DAVIS RD SW # 821 FT MYERS FL	<input type="checkbox"/> DELETE	2.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	SD KRESMERY, JANE 40 GRANITE ROAD GUILFORD CT 06437	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	TD GRABITZ, GLORIA 16881 DAVIS RD. S.W. #728 FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD HARBOT, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	VD HURLEY, JAMES F. 16007 DAVIS RD. SW #114 FT MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanley Mogilski* STANLEY MOGILSKI (President) 3/14/96 466-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)