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**Mar 04 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
16881 DAVIS RD SW FT MYERS FL 33908 **16881 DAVIS RD SW FT MYERS FL 33908-6909**

3. Date Incorporated or Qualified **10/22/1981** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2138266	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOGLISKI, STANLEY 16881 DAVIS RD SW STE 524 FT MYERS FL 33908		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGLISKI, STANLEY	1.2 NAME	MOGLISKI, STANLEY
STREET ADDRESS	16881 DAVIS RD SE STE 524	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WODARCZYC, 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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRESMERY, JANE	3.2 NAME	ANDREA FORTUNATO
STREET ADDRESS	40 GRANITE ROAD	3.3 STREET ADDRESS	16881 DAVIS RD SW 613
CITY-ST-ZIP	GUILFORD CT 06437	3.4 CITY-ST-ZIP	FT MYERS FL 33908
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBOT, JOHN	4.2 NAME	
STREET ADDRESS	26 LANGFIELD CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DROULSDEN MA	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURLEY, JAMES F.	5.2 NAME	ROGER GLICK
STREET ADDRESS	16007 DAVIS RD. SW #114	5.3 STREET ADDRESS	2074 SHOREWOOD LANE
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	LIMA OH 45806
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 MOGLISKI** 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066323

CP2E037 (9/96)