

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760560 (3)**  
1. Corporation Name  
**DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.**



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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3. Date Incorporated or Qualified <b>10/22/1981</b>	
4. FEI Number <b>59-2138266</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**MOGLISKI, STANLEY  
16881 DAVIS RD SW  
STE 524  
FT MYERS FL 33908**

10. Name and Address of New Registered Agent  
81. Name  
**FORTUNATO, ANDREA**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**16881 DAVIS RD SW #613**  
83. City  
**FORT MYERS, FL 33908**  
84. City  
**FORT MYERS, FL** 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>MOGILSKI, STANLEY</b>	1.1 TITLE	PD <b>MOGILSKI, Stanley</b>
STREET ADDRESS	<b>16881 DAVIS RD SE STE 524</b>	1.2 NAME	<b>408 MCCONKEY DRIVE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.3 STREET ADDRESS	<b>BUFFALO, NY 14223</b>
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	TD <b>WODARCZYK, LEONARD J.</b>	2.1 TITLE	TD <b>SCOTT, PAUL</b>
STREET ADDRESS	<b>16881 DAVIS RD SW # 821</b>	2.2 NAME	<b>16881 DAVIS RD SW #616</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.3 STREET ADDRESS	<b>FORT MYERS, FL 33908</b>
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	SD <b>FORTUNATO, ANDREW</b>	3.1 TITLE	SD <b>FORTUNATO, ANDREA</b>
STREET ADDRESS	<b>16881 DAVIS RD SW 613</b>	3.2 NAME	<b>16881 DAVIS RD SW #613</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.3 STREET ADDRESS	<b>FORT MYERS, FL 33908</b>
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	VD <b>HARBOT, JOHN</b>	4.1 TITLE	VD <b>RUDOLPH GREGG</b>
STREET ADDRESS	<b>28 LANGFIELD CRESCENT</b>	4.2 NAME	<b>16881 DAVIS RD SW #124</b>
CITY-ST-ZIP	<b>DROULSDEN MA</b>	4.3 STREET ADDRESS	<b>FORT MYERS, FL 33908</b>
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	VD <b>GLICK, ROGER</b>	5.1 TITLE	
STREET ADDRESS	<b>2074 SHOREWOOD LN</b>	5.2 NAME	
CITY-ST-ZIP	<b>LIMA OH</b>	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
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14. I 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: *[Signature]*

CR2E037 (10/97)