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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760560

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



2. Principal Place of Business

2a. Mailing Address

26 6213-E Presidential Ct

3. Date Incorporated or Qualified

10/22/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2138266

Applied For

Not Applicable

City & State

City & State

28 Fort Myers FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

29 33919

30 Lee

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTUNATO, ANDREA
16881 DAVIS ROAD SW
613
FORT MYERS FL 33908

81 Name

CAROL J. HENKE

82 Street Address (P.O. Box Number is Not Acceptable)

C/O HENKE PROPERTY MGT. INC.

83

6213-E PRESIDENTIAL CT.

84 City

FORT MYERS

FL

85 Zip Code

33919

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

Carol J. Henke, managing agent

5-13-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOGILSKI, STANLEY	
STREET ADDRESS	408 MCCONKEY DR	
CITY-ST-ZIP	BUFFALO NY 14223	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCOTT, PAULL	
STREET ADDRESS	16881 DAVIS RD SW #616	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORTUNATO, ANDREA	
STREET ADDRESS	16881 DAVIS RD SW 613	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREGG, RUDOLPH	
STREET ADDRESS	16881 DAVIS RD SW #124	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLICK, ROGER	
STREET ADDRESS	2074 SHOREWOOD LN	
CITY-ST-ZIP	LIMA OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD John Harbot
3.3 STREET ADDRESS	16881 DAVIS Rd #111
3.4 CITY-ST-ZIP	Fort Myers, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Stanley Mogilski

May 13, 1999

941-481-7150

CR2E037 (1/98)