

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90048 006 \*\*\*\*61.25

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DOCUMENT # 760560  
 1. Entity Name  
Davis Woods Condominium Association, Inc.

Principal Place of Business Mailing Address  
 6213-E PRESIDENTIAL COURT FT MYERS FL 33919 US  
 6213-E PRESIDENTIAL COURT  
 6213-E PRESIDENTIAL COURT, P.O. BOX 07038  
 FT MYERS FL 33919-0001  
 US

2. Principal Place of Business 3. Mailing Address  
 C/O Henke Property Mgmt Suite, Apt. #, etc.  
10213-A Presidential Ct  
 City & State  
FORT MYERS, FL

4. FEI Number Applied For  
59-2138266 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HENKE, CAROL J.  
 C/O HENKE PROPERTY MANAGEMENT, INC.  
 6213-E PRESIDENTIAL COURT  
 FT MYERS FL 33919

7. Name and Address of New Registered Agent  
 Name CAROL J. HENKE  
 Street Address (P.O. Box Number is Not Acceptable)  
C/O HENKE PROPERT MGT., INC.  
10213-A Presidential Ct  
 City FORT MYERS FL Zip Code 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE Carol J Henke DATE 4-25-2000  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Roger Glick	16881 Davis Road # 216	Ft Myers FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Joe Reilly	16881 Davis Road # 114	Ft Myers FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Pat Delisio	16881 Davis Road # 316	Ft Myers FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Don Lonergan	16881 Davis Road # 624	Ft Myers FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered  
 SIGNATURE: [Signature] DATE: 4-24-2000 941 481-7150  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #