

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90076 001 \*\*\*\*61.25

**DOCUMENT # 760560**

1. Entity Name  
**DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**C/O HENKE PROPERTY MGMT  
 6213-A PRESIDENTIAL CT  
 FORT MYERS FL 33919**

Mailing Address  
**C/O HENKE PROPERTY MGMT  
 6213-A PRESIDENTIAL CT  
 FORT MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*C/O W.W. School Mgmt, Inc.*  
 Suite, Apt. #, etc.  
*9411 Cypress Lake Dr., #2*  
 City & State  
*Fort Myers FL*  
 Zip  
*33919* Country  
*USA*

3. Mailing Address  
*C/O W.W. School Mgmt, Inc.*  
 Suite, Apt. #, etc.  
*9411 Cypress Lake Dr., #2*  
 City & State  
*Fort Myers FL*  
 Zip  
*33919* Country  
*USA*

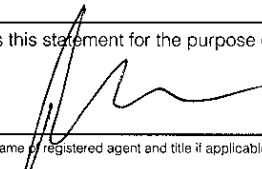
4. FEI Number **59-2138266** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HANKE, CAROL J  
 C/O HENKE PROPERT MGT, INC.  
 6213-A PRESIDENTIAL CT  
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent  
 Name  
*W.W. School Management, Inc.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9411 Cypress Lake Drive*  
*Suite 2*  
 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  *Paul Schoo, LCAM* DATE *4-19-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	VPD REILLY, JOE 16881 DAVIS ROAD #114 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELISIO, PAT 16881 DAVIS ROAD #316 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONERGAN, DON 16881 DAVIS ROAD #624 FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG, RUDOLPH 16881 DAVIS RD SW #124 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLICK, ROGER 2074 SHOREWOOD LN LIMA OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLICK, ROGER 16881 DAVIS ROAD #216 FORT MYERS FL 33908	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Frank McBurn 16881 Davis Road S.W., #816 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Clara Johnson 16881 Davis Road S.W., #624 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Peter Catalfu 16881 Davis Road S.W., #822 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jane Kresmery 16881 Davis Road S.W. #514 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  16881 Davis Road S.W., #216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: *4-19-01* DAYTIME PHONE #: *941-481-4700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)