

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90176 025 \*\*\*\*61.25

**DOCUMENT # 760560**

1. Entity Name

**DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O W W SCHOO MGMT. INC  
 9411 CYPRESS LAKE DRIVE # 2  
 FORT MYERS FL 33919

C/O W W SCHOO MGMT. INC  
 9411 CYPRESS LAKE DRIVE # 2  
 FORT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*C/O School Management, Inc.*  
 Suite, Apt. #, etc.  
 9411-2 Cypress Lake Dr

*C/O School Management, Inc.*  
 Suite, Apt. #, etc.  
 9411-2 Cypress Lake Dr

City & State  
 Fort Myers, FL

City & State  
 Fort Myers, FL

4. FEI Number  
**59-2138266**

Applied For  
 Not Applicable

Zip  
 33919

Country  
 USA

Zip  
 33919

Country  
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W W SCHOO MANAGEMENT, INC.  
 9411 CYPRESS LAKE DRIVE  
 SUITE 2  
 FORT MYERS FL 33919

Name  
*Bryan Cruz*  
 Street Address (P.O. Box Number is Not Acceptable)  
*C/O School Management, Inc.*  
 9411-2 Cypress Lake Drive  
 City  
 Fort Myers FL Zip Code  
 33919

B. 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 *[Signature]* *Bryan Cruz, CAM 4-3-2002*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGURN, FRANK 16881 DAVIS ROAD SW # 816 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNCOX, CLARA 16881 DAVIS ROAD SW # 624 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATALFU, PETER 16881 DAVIS ROAD SW # 822 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRESMERY, JANE 16881 DAVIS ROAD SW # 514 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLICK, ROGER 16881 DAVIS ROAD SW # 216 FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mogilski, Stanley 16881 Davis Road SW #524 Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Johncox, Clara 16881 Davis Road SW #624 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *[Signature]* **SIGNATURE REQUIRED** *4-3-2002 239-481-4700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)