


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91048 024 ****61.25

DOCUMENT # 760560 1. Entity Name DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS FL 33919	Mailing Address C/O W W SCHOO MGMT, INC 9411-2 CYPRESS LAKE DRIVE FORT MYERS FL 33919
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2138266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CRUZ, BRYAN C/O SCHOOL MGMT, INC. 9441-2 CYPRESS LAKE DR. FORT MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD MOGILSKI, STANLEY <input type="checkbox"/> Delete
NAME	16881 DAVIS RD SW #524
STREET ADDRESS	FORT MYERS FL 33908
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete
NAME	BAVETZ, JUDY
STREET ADDRESS	13660 KNOT DR
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	VD <input type="checkbox"/> Delete
NAME	CATALFU, PETER
STREET ADDRESS	16881 DAVIS ROAD SW # 822
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	TD <input type="checkbox"/> Delete
NAME	BROESCH, JOHN
STREET ADDRESS	16881 DAVIS ROAD SW # 514
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JOHNCOX, CLAIR
STREET ADDRESS	16881 DAVIS ROAD SW # 216
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Bavetz
STREET ADDRESS	15057 Cloverdale Drive
CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jim Santacroce
STREET ADDRESS	16881 Davis Road # 822
CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stanley Mogilski 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #