



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 048 ****61.25

DOCUMENT # 760560			
1. Entity Name DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.			
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	
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 Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRUZ, BRYAN C/O SCHOOL MGMT, INC. 9441-2 CYPRESS LAKE DR. FORT MYERS, FL 33919		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGILSKI, STANLEY	NAME	
STREET ADDRESS	16881 DAVIS RD SW #524	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAVETZ, JUDY	NAME	
STREET ADDRESS	15057 CLOVERDALE DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALFU, PETER	NAME	Peter Catlfu
STREET ADDRESS	16881 DAVIS ROAD SW # 822	STREET ADDRESS	16881 Davis Rd #822
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROESCH, JOHN	NAME	Fred Jasinski
STREET ADDRESS	16881 DAVIS ROAD SW # 514	STREET ADDRESS	7 Walden Drive
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	Merrimack, NH 03054
TITLE	D <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTACROCE, JIM	NAME	Jim Santacroce
STREET ADDRESS	16881 DAVIS RD., #822	STREET ADDRESS	16881 Davis Road #822
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

