


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 040 ****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 9411 Cypress Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2	
City & State		City & State Fort Myers, Fl	
Zip	Country	Zip	Country
		33919	US
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAVETZ, JUDY	NAME	Judy Bavetz
STREET ADDRESS	15057 CLOVERDALE DR.	STREET ADDRESS	15057 Cloverdale Drive
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Fort Myers, Fl 33919
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATLFU, PETER	NAME	
STREET ADDRESS	16881 DAVIS ROAD SW # 822	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASINSKI, FRED	NAME	S Fred Jasinski
STREET ADDRESS	7 WALDEN DRIVE	STREET ADDRESS	7 Walden Drive
CITY-ST-ZIP	MERRIMACK, NH 03054	CITY-ST-ZIP	Merrimack, NH 03054
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTACROCE, JIM	NAME	
STREET ADDRESS	16881 DAVIS RD., #822	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 titles empowered.			
SIGNATURE: <i>Judy Bavetz</i>		Date _____ Daytime Phone # _____	
<small>SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			