
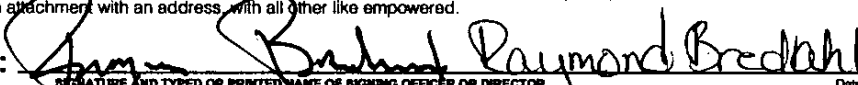


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 010 ****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 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	MOGILSKI, STANLEY		
STREET ADDRESS	16881 DAVIS RD SW #524		
CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	BAVETZ, JUDY		
STREET ADDRESS	15057 CLOVERDALE DR		
CITY-ST-ZIP	FORT MYERS, FL 33919		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CATLFU, PETER		
STREET ADDRESS	16881 DAVIS ROAD SW # 822		
CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	S	<input type="checkbox"/> Delete	
NAME	JASINSKI, FRED		
STREET ADDRESS	7 WALDEN DR		
CITY-ST-ZIP	MERRIMACK, NH 03054		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	SANTACROCE, JIM		
STREET ADDRESS	16881 DAVIS RD., #822		
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	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bredahl, Ray		
STREET ADDRESS	16881 Davis Road # 516		
CITY-ST-ZIP	Fort Myers FL. 33908		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Janiski, Fred		
STREET ADDRESS			
CITY-ST-ZIP			
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 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 like empowered.			
SIGNATURE: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/07	(239) 481-4700