


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90157 045 \*\*\*\*61.25

<b>DOCUMENT # 760560</b>					
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		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRUZ, BRYAN C/O SCHOOL MGMT, INC. 9441-2 CYPRESS LAKE DR. FORT MYERS, FL 33919				Name <i>Patricia Schoo</i> Street Address (P.O. Box Number is Not Acceptable) <i>940 School Mgmt Inc</i> <i>9441-2 Cypress Lake Dr</i> City <i>Fort Myers</i> FL Zip Code <i>33919</i>	
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 <i>Patricia Schoo CAM</i>				DATE <i>4/4/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008				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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREDAHL, RAY		NAME	<i>BREDAHL, ROY</i>	
STREET ADDRESS	16881 DAVIS ROAD #516		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATLFU, PETER		NAME	<i>Director Joan Catalfu</i>	
STREET ADDRESS	16881 DAVIS ROAD SW # 822		STREET ADDRESS	<i>16881 Davis Rd #413</i>	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	<i>Ft Myers FL 33908</i>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JASINSKI, FRED		NAME		
STREET ADDRESS	7 WALDEN DR		STREET ADDRESS		
CITY-ST-ZIP	MERRIMACK, NH 03054		CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>X Jim Santacroce</i>				Date <i>04/04/08</i> Daytime Phone # <i>259-48-4700</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					