

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760560

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: DAVIS WOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9411 CYPRESS LAKE DR  
STE 2  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

9411 CYPRESS LAKE DR  
STE2  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 59-2138266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOO, PATRICIA  
C/O SCHOOL MGMT, INC.  
9441-2 CYPRESS LAKE DR.  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOGILSKI, STANLEY  
Address: 16881 DAVIS RD SW #524  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: BRED AHL, ROY  
Address: 16881 DAVIS ROAD #516  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: CATLFU, JOAN  
Address: 16881 DAVIS RD #413  
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete  
Name: JASINSKI, FRED  
Address: 7 WALDEN DR  
City-St-Zip: MERRIMACK, NH 03054

Title: VD ( ) Delete  
Name: SANTACROCE, JIM  
Address: 16881 DAVIS RD., #822  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCHOO

CAM

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date