

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05720 (0)

1. Corporation Name

DAVIS ISLANDS GARDEN CLUB

Principal Place of Business

81 COLUMBIA DRIVE
TAMPA FL 33606

Mailing Address

81 COLUMBIA DRIVE
TAMPA FL 33606-35843. Date Incorporated or Qualified
10/17/19843a. Date of Last Report
06/19/1996

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1482942X Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRISON, MRS. ERNEST (JOAN K.)
108 MARTINIQUE AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOUGHTON, MAREN	
STREET ADDRESS	69 BAHAMA CIR.,	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOMEZ, VIOLET	
STREET ADDRESS	4107 CARMEN ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARPENTER, ANNIE-KATE	
STREET ADDRESS	59 AEGEAN	
CITY - ST - ZIP	TAMPA FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANN	
STREET ADDRESS	1906 ST. ISABEL	
CITY - ST - ZIP	TAMPA FL	
TITLE	CSD	<input type="checkbox"/> DELETE
NAME	BAYA, PAT	
STREET ADDRESS	172 E. DAVIS BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALORI, MARY	
STREET ADDRESS	609 DANUBE AVE.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SAME
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SAME
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	SAME
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	SAME
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	SAME
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	SAME
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary A. Palori
Secretary of State

1-16-97 (813) 251-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047400

CR2E037 (9/96)