FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



SIGNATURE: SIGNATURE AND HYPATON PRINTED NAME & PROPRIO PERSON PE

FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

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Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name N05720

(0)

DAVIS ISLANDS GARDEN CLUB

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	t Report 1996 Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees
TAMPA FL 33606 TAMPA FL 33606-3584 3. Date incorporated or Qualified 10/17/1984 2. Principal Place of Business 21 Same as above 25 Same as above Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 City & State City & State City & State City & State 28 Country 29 Country 29 Sound South Status Desired Tampa FL 33606-3584 3. Date incorporated or Qualified 10/17/1984 4. FEI Number 59-1482942 5. Certificate of Status Desired Feel 59-1482942 5. Certificate of Status Desired Feel 58.7 Feel 59-1482942 5. Certificate of Status Desired Feel 59-1482942 6. Election Campaign Financing Feel 59-1482942 7. Feel 59-1482942 7. Feel 59-1482942 7. Feel 59-1482942 8. This corporation has liability for intangible tax under 59-1482942 8. This corporation has liability for intangible tax under 5	Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees
2. Principal Place of Business 2. Same as above 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Same as above 3. Suite, Apt. #, etc. 3. Certificate of Status Desired 5. Certificate of Status Desired 7. Fellows Desi	Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees
Same as above Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country South Apt. #, etc. City & State Country Zip Country South Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. South Apt. #	Not Applicable 5 Additional Required 0 May Be ed to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	5 Additional Required 00 May Be ed to Fees
5. Certificate of Status Desired Fee City & State City & State 6. Election Campaign Financing Formula State Trust Fund Contribution Add Country Zip Country Add Country Zip Country 8. This corporation has liability for intangible tax und Florida Statutes Yes No 9. Name and Address of Current Registered Agent CAPPICON MPS EDNICET (JOAN K) Same	Required May Be sed to Fees
City & State City & State 28 City & State 29 Country 21 Country 22 Country 25 29 Country 29 Country 29 Country 29 Country 30 Florida Statutes Florida Sta	00 May Be ed to Fees
23 Trust Fund Contribution Add Zip Country Zip Country 8. This corporation has liability for intangible tax und 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name Same	ed to Fees
24 25 29 30 Florida Statutes System Agent 10. Name and Address of New Registered Agent Same	rs. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Same	····
CAPPICON MPS EDNIEST (IOAN K)	
CAPPICON MPS EDNEST / JOAN K) Same	
CHARGOLIN, MICO. CONTROL SOLVEN B.I.	
108 MARTINIQUE AVENUE Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606 83	
	ip 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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	j its registered as registered
SIGNATURE	
Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ODC IN 12
TITLE PD DELETE 1.1 TITLE DELETE CHARGES TO OFFICERS AND DIRECT	
NAME HOUGTON, MAREN 1.2 NAME	• •
STREET ADDRESS 69 BAHAMA CIR., 1.3 STREET ADDRESS SAME	
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP	
TITLE VPD DELETE 2.1 TITLE Char	e Addition
NAME GOMEZ, VIOLET 22 NAME	
STREET ADDRESS 4107 CARMEN ST. 23 STREET ADDRESS SAME	
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP	
TITLE VPD DELETE 3.1 TITLE Char	e 🔲 Addition
NAME CARPENTER, ANNIE-KATE 3.2 NAME	
STREET ADDRESS CITY-ST-ZIP TAMPA FL 3.3 STREET ADDRESS SAME 3.4. CITY-ST-ZIP	
CITY-ST-ZIP	e Addition
NAME MARTINEZ, ANN 4.2 NAME	C L Addition
STREET ADDRESS 1906 ST ISARFI	
CITY-ST-ZIP TAMPA FL 4.4 CITY-ST-ZIP SAME	
TITLE CSD DELETE 5.1 TITLE Chan	e Addition
NAME BAYA, PAT 5.2 NAME	
STREET ADDRESS 172 E. DAVIS BLVD. 5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 5.4 CITY-ST-ZIP SAME	
TITLE TD DELETE 6.1 TITLE Chan	e 🔲 Addition
NAME PALORI, MARY 62 NAME	
STREET ADDRESS 609 DANUBE AVE. 6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 6.4 CITY-ST-ZIP SAME	
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 tinformation 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 if 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 reappears in Block 12 or Block 13 if changed, or on an attachment with an address.	under oath: that

1-16-97

(813) 251-2775

Daytime Phone # 0047400