

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90048 024 ****61.25

DOCUMENT # N05720

1. Entity Name
DAVIS ISLANDS GARDEN CLUB



Principal Place of Business
**81 COLUMBIA DRIVE
TAMPA, FL 33606**

Mailing Address
**81 COLUMBIA DRIVE
TAMPA, FL 33606**

40000953



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-1482942		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SAVAGE, NANCY 90 ADALIA AVENUE TAMPA, FL 33606				Name JOYLE W. PEEPLES			
				Street Address (P.O. Box Number is Not Acceptable) 907 CUTLER DRIVE			
				City SEFFNER FL Zip Code 33584			

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 *Joyle W. Peeples* **JOYLE W. PEEPLES, TREASURER** 01/05/07
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILL, PEGGY 71 MARTINIQUE AVE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD URSO, CONNIE 543 LUCERNE AVE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY TODD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 919 S. ROME AVE #12 TAMPA FL 33606-3079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORMICK, JUDY 119 CHESAPEAKE AVE TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEANNE BEDAMI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13516 PALMWOOD LANE TAMPA FL 33618-8417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVAGE, NANCY 90 ADALIA AVENUE TAMPA, FL 336063341 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYLE W. PEEPLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 907 CUTLER DRIVE SEFFNER FL 33584-5001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, SHARI P.O. BOX 66 ODESSA, FL 335660066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD PALORI, MARY 609 DANUBE AVE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peggy A. Gill* **Peggy A. GILL** 1-7-07 813-251-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #