

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05720

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: DAVIS ISLANDS GARDEN CLUB

**Current Principal Place of Business:**

81 COLUMBIA DRIVE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

81 COLUMBIA DRIVE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-1482942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEEPLS, JOYCE W  
907 CUTLER DRIVE  
SEFFNER, FL 33584 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: JAMES, REBECCA  
Address: 22 LADOGA AVE  
City-St-Zip: TAMPA, FL 336063804

Title: VD ( ) Delete  
Name: POTTER, IRENE  
Address: 420 S MATANZAS AVE  
City-St-Zip: TAMPA, FL 336093041

Title: SD ( ) Delete  
Name: WATKINS, JOANNE  
Address: 429 W DAVIS BLVD  
City-St-Zip: TAMPA, FL 336063666

Title: TD ( ) Delete  
Name: PEEPLS, JOYCE W  
Address: 907 CUTLER DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: PD ( ) Delete  
Name: SPENCER, SHARI  
Address: P.O. BOX 66  
City-St-Zip: ODESSA, FL 335560066

Title: CSD ( ) Delete  
Name: PALORI, MARY  
Address: 609 DANUBE AVE  
City-St-Zip: TAMPA, FL 33606

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

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

Title: VD (X) Change ( ) Addition  
Name: MARTINEZ, ANN R  
Address: 1906 W SAINT ISABEL STEET  
City-St-Zip: TAMPA, FL 336076522

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: JOYCE W PEEPLS

TD

03/10/2009

Electronic Signature of Signing Officer or Director

Date