

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2011
Secretary of State

DOCUMENT# N05720

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:**CAMPORESI, PATRICIA M
459 SEVERN AVE
TAMPA, FL 33606 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
Name: VERSAGGI, PAMELA
Address: 32 ADALIA AV
City-St-Zip: TAMPA, FL 336063302

Title: VD
Name: PERDIGON, SYLVIA
Address: 26 FORMOSA AVE
City-St-Zip: TAMPA, FL 336063835

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

Title: TD
Name: CAMPORESI, PATRICIA M
Address: 459 SEVERN AVE
City-St-Zip: TAMPA, FL 336063826

Title: D
Name: SPENCER, SHARI
Address: P.O. BOX 88
City-St-Zip: ODESSA, FL 335560088

Title: CSD
Name: PALORI, MARY
Address: 609 DANUBE AVE
City-St-Zip: TAMPA, FL 336063917

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA CAMPORESI

TD

08/28/2011

Electronic Signature of Signing Officer or Director

Date