

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05720

Entity Name: DAVIS ISLANDS GARDEN CLUB**Current Principal Place of Business:**81 COLUMBIA DRIVE
TAMPA, FL 33606**Current Mailing Address:**81 COLUMBIA DRIVE
TAMPA, FL 33606**FEI Number:** 59-1482942**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAMPORESI, PATRICIA M
459 SEVERN AVE
TAMPA, FL 33606 US*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**Officer/Director Detail :**

Title 1ST VICE PRESIDENT
Name GINEX, FLORENCE
Address 484 BOSPHOROUS AV
City-State-Zip: TAMPA FL 33606-3608

Title PRESIDENT
Name PERDIGON, SYLVIA
Address 2922 WEST ELROD AV
City-State-Zip: TAMPA FL 33629

Title RECORDING SECRETARY
Name WATKINS, JOANNE
Address 429 W DAVIS BLVD
City-State-Zip: TAMPA FL 33606-3666

Title TREASURER
Name CAMPORESI, PATRICIA M
Address 459 SEVERN AVE
City-State-Zip: TAMPA FL 33606-3826

Title PARLIAMENTARIAN
Name SPENCER, SHARI
Address 17930 SPENCER RD
City-State-Zip: ODESSA FL 33556-4924

Title CORRESPONDING SECRETARY
Name PALORI, MARY
Address 609 DANUBE AVE
City-State-Zip: TAMPA FL 33606-3917

Title 2ND VICE PRESIDENT
Name BOGGS, CAROLYN
Address 599 MARMORA AV
City-State-Zip: TAMPA FL 33606-3823

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**TREASURER****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date