

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719139

FILED  
Mar 27, 2006  
Secretary of State

Entity Name: DAVIE WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11132 S.W. 26TH STREET  
FT. LAUDERDALE, FL 33324

**New Principal Place of Business:**

2631 SW 109 AVE  
DAVIE, FL 33328

**Current Mailing Address:**

11132 S.W. 26TH STREET  
FT. LAUDERDALE, FL 33324

**New Mailing Address:**

2631 SW 109 AVE  
DAVIE, FL 33328

FEI Number: 59-2388471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLANAGAN, DENISE  
11132 S.W. 26TH STREET  
FT. LAUDERDALE, FL 33324 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: FLANAGAN, DENISE  
Address: 11132 S.W. 26TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: VD ( ) Delete  
Name: BENCIVENGA, ANDREA  
Address: 2640 S.W. 106TH TERRACE  
City-St-Zip: DAVIE, FL 33328

Title: SD ( ) Delete  
Name: CHAMBERLAIN, LINDA  
Address: 10850 S.W. 25TH STREET  
City-St-Zip: DAVIE, FL 33324

Title: TD ( ) Delete  
Name: LEMIERE, LYNN  
Address: 2631 S.W. 109TH AVENUE  
City-St-Zip: DAVIE, FL 33328

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

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: TD (X) Change ( ) Addition  
Name: LEMIRE, LYNE  
Address: 2631 S.W. 109TH AVENUE  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNE LEMIRE

TD

03/27/2006

Electronic Signature of Signing Officer or Director

Date