

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719139

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** DAVIE WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2631 SW 109 AVE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

2631 SW 109 AVE  
DAVIE, FL 33328

**New Mailing Address:**

**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:**

ROSZKOSKI, DENISE  
2691 SW 110 WAY  
FT. LAUDERDALE, FL 33328 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: DENISE ROSZKOSKI

01/04/2007

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: LEMIRE, LYNE  
Address: 2631 S.W. 109TH AVENUE  
City-St-Zip: DAVIE, FL 33328

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

Title: PD (X) Change ( ) Addition  
Name: ROSZKOSKI, DENISE  
Address: 2691 SW 110 WAY  
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: VD (X) Change ( ) Addition  
Name: COYLE, SUSAN  
Address: 2450 SW 112 AVE  
City-St-Zip: DAVIE, FL 33325

Title: SD (X) Change ( ) Addition  
Name: YAZELL, JUDY  
Address: 10670 SW 26 CRT  
City-St-Zip: DAVIE, FL 33328

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

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

01/04/2007

Electronic Signature of Signing Officer or Director

Date