2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 719139

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:

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

Name and Address of New Registered Agent:

COYLE, SUSAN
2450 SW 112 AVE
DAVIE, FL 33325 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: SUSAN COYLE 01/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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: COYLE, SUSAN
Address: 2450 SW 112 AVE
City-St-Zip: DAVIE, FL 33325

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: LYNE LEMIRE MRS 01/22/2008
Electronic Signature of Signing Officer or Director Date