

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90024 017 \*\*\*\*61.25

**DOCUMENT # 729677**  
 1. Entity Name  
 DAVIS ISLANDS CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 534 LADRONE PO BOX 1835  
 TAMPA FL 33606 TAMPA FL 33606  
 US US



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State  
 Zip Country Zip Country

4. FEI Number 59-2951166 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GILL, HENRY A  
 71 MARTINIQUE  
 TAMPA FL 33606

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCDONALD, BRUCE
STREET ADDRESS	537 LUCERNE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	D <input type="checkbox"/> Delete
NAME	CASSEBY, DENISE <i>CASSEBY, DENISE</i>
STREET ADDRESS	534 RIVIERA DR
CITY-ST-ZIP	TAMPA FL 33606
TITLE	P <input type="checkbox"/> Delete
NAME	STANLEY, STEVE
STREET ADDRESS	558 W. DAVIS BLVD.
CITY-ST-ZIP	TAMPA FL 33606
TITLE	D <input type="checkbox"/> Delete
NAME	MACBRYDE, E.P.
STREET ADDRESS	534 LADRONE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, RUDY
STREET ADDRESS	107 MARTINIQUE AVE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	S <input type="checkbox"/> Delete
NAME	DAVIS-PETRIK, JANICE
STREET ADDRESS	191 EOSICA AVE. <i>191 CORSICA AVE</i>
CITY-ST-ZIP	TAMPA FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARNER REESE
STREET ADDRESS	576 LUZON AVE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA WOLFE
STREET ADDRESS	501 ERIE AVE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN AKERS
STREET ADDRESS	474 LUCERNE AVE
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Wolfe* PATRICIA WOLFE 3/15/06 813-254-6655