2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764141

FILED Mar 30, 2009 Secretary of State

Entity Name: DAVIS LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
16007 DAVIS RD	

16007 DAVIS RD 300

FT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

16007 DAVIS RD 300

FT MYERS, FL 33908

FEI Number: 59-2259278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLS, RALPH MILLS, RALPH D

16007 DAVIS ROAD, #214 16007 DAVIS ROAD, #214 FT. MYERS, FL 33908 US FT. MYERS, FL 33908 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: RALPH D MILLS 03/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MILLS, RALPH D Name: MILLS, RALPH D

 Name:
 MILLS, RALPH
 Name:
 MILLS, RALPH D

 Address:
 16007 DAVIS RD #214
 Address:
 16007 DAVIS RD #214

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:
 FT MYERS, FL 33908

Title: T () Delete Title: () Change () Addition

Title: D () Delete Title: () Change () Addition

 Name:
 DEMARIE, JOSEPH
 Name:

 Address:
 16007 DAVIS RD. #921
 Address:

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 KNIPP, DON
 Name:

 Address:
 16007 DAVIS RD. #614
 Address:

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 OBERG, ROBERT
 Name:
 NICHOLS, ROBERT L

 Address:
 16007 DAVIS ROAD #711
 Address:
 16007 DAVIS ROAD #413

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

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: RALPH D MILLS P 03/30/2009