

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00193

FILED  
Jan 31, 2008  
Secretary of State

**Entity Name:** DAVIE LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

WILSON, JENNIFER  
DAVIE, FL 33328 US

**New Principal Place of Business:**

8240 SW 55 CT  
DAVIE, FL 33328 US

**Current Mailing Address:**

8240 SW 55 CT.  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 65-0565837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEREZ, RENELLYS  
8240 SW 55 CT.  
DAVIE, FL 33328 US

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

PEREZ, RENELLYS  
8211 SW 57 STREET  
DAVIE, 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: RENELLYS PEREZ

01/31/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILSON, JON  
Address: 8240 SW 55 COURT  
City-St-Zip: DAVIE, FL 33328

Title: VSD ( ) Delete  
Name: GALLAGER, KAREN  
Address: 8310 SW 55 CT  
City-St-Zip: DAVIE, FL 33328

Title: T ( ) Delete  
Name: PEREZ, RENELLYS  
Address: 8211 SW 57 STREET  
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:

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: RENELLYS PEREZ

T

01/31/2008

Electronic Signature of Signing Officer or Director

Date