

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 022 \*\*\*\*61.25

00014663



01112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01931</b>	
1. Entity Name <b>DAVIS COURT CONDOMINIUM ASSOCIATION, INC.</b>	



Principal Place of Business <b>1342 SE 46TH LANE CAPE CORAL, FL 33904 US</b>	Mailing Address <b>PO BOX 100831 CAPE CORAL, FL 33910</b>
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2. Principal Place of Business <b>15660 SAN CARLOS BLVD Suite, Apt. #, etc. 40</b>		3. Mailing Address <b>15660 SAN CARLOS BLVD Suite, Apt. #, etc. 40</b>	
City & State <b>FT MYERS, FL</b>		City & State <b>FT MYERS FL</b>	
Zip <b>33908</b>	Country <b>USA</b>	Zip <b>33908</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent <b>TEAGUE, GEORGE PROFESSIONALLY YOURS, INC 8270 COLLEGE PKWY #103 FORT MYERS, FL 38919</b>		7. Name and Address of New Registered Agent Name <b>SAPP, PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>15660 SAN CARLOS BLVD</b> City <b>FT MYERS</b> FL Zip Code <b>33908</b>	
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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 *Paul J. Sapp* (NOTE: Registered Agent signature required when reinstating) DATE 1/21/06

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE <b>SVP</b>	NAME <b>CAROLAN, FRANCIS</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP</b>	NAME <b>CAROLAN, FRANCIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>44 N. COURT STREET</b>				STREET ADDRESS <b>44 N. COURT ST</b>			
CITY-ST-ZIP <b>PROVIDENCE, RI 02503</b>				CITY-ST-ZIP <b>PROVIDENCE, RI 02503</b>			
TITLE <b>VP</b>	NAME <b>LEVY, KARL</b>	<input type="checkbox"/> Delete		TITLE <b>SEC/TREAS</b>	NAME <b>MORAVUS, LANA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>16805 DAVIS RD SW #124</b>				STREET ADDRESS <b>16813 DAVIS RD SW #321</b>			
CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>				CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>			
TITLE <b>VP</b>	NAME <b>FRITZ, VALERIE</b>	<input type="checkbox"/> Delete		TITLE <b>P</b>	NAME <b>FRITZ, VALERIE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>150 BARNARD STREET</b>				STREET ADDRESS <b>150 BARNARD STREET</b>			
CITY-ST-ZIP <b>HIGHLAND PARK, NJ 08904</b>				CITY-ST-ZIP <b>HIGHLAND PARK NJ 08904</b>			
TITLE <b>P</b>	NAME <b>GAREAU, RENEE</b>	<input type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>LANIER, FAYE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>16805 DAVIS RD SW #125</b>				STREET ADDRESS <b>16813 DAVIS RD SW #323</b>			
CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>				CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>			
TITLE <b>T</b>	NAME <b>FAY, JOHN</b>	<input type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>FAY, JOHN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>13821 LAKE MAHOGONAY BLVD., #3814</b>				STREET ADDRESS <b>13821 LAKE MAHOGONAY BLVD #3814</b>			
CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>				CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>			
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete		TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b></b>				STREET ADDRESS <b></b>			
CITY-ST-ZIP <b></b>				CITY-ST-ZIP <b></b>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul J. Sapp* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1/21/06 239 481-1527 Daytime Phone #