



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90005 030 \*\*\*\*61.25

<b>DOCUMENT # N01931</b>					
<b>1. Entity Name</b> <b>DAVIS COURT CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912			<b>Mailing Address</b> 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40022400</div>  <div style="margin-top: 20px;">           01092007    Chg-NP    CR2E037 (12/06)         </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-2433276				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SAPP, PAUL</b> <b>P &amp; M Property Management</b> <b>14360 So. Tamiami Trail, Unit B</b> <b>Fort Myers, Florida 33912</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> <u>Paul L Sapp</u> <span style="float: right;">2/8/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP <b>NAME</b> CAROLAN, FRANCIS <b>STREET ADDRESS</b> 44 N. COURT STREET <b>CITY-ST-ZIP</b> PROVIDENCE, RI 02503	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> MORAVUS, LANA <b>STREET ADDRESS</b> 16813 DAVIS DR SW 321 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> FRITZ, VALERIE <b>STREET ADDRESS</b> 150 BARNARD STREET <b>CITY-ST-ZIP</b> HIGHLAND PARK, NJ 08904	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> LANIER, FAYE <b>STREET ADDRESS</b> 16813 DAVIS RD SW 323 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FAY, JOHN <b>STREET ADDRESS</b> 13821 LAKE MAHOGONAY BLVD., #3814 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33907	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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.</b>					
<b>SIGNATURE:</b> <u>Valerie Fritz - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/8/07    267-7130 <small>Date    Daytime Phone #</small>		