


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 005 \*\*\*\*61.25

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

Principal Place of Business 15660 SAN CARLOS BLVD 40 FORT MYERS, FL 33908 US	Mailing Address 15660 SAN CARLOS BLVD 40 FORT MYERS, FL 33908 US
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2. Principal Place of Business - No P.O. Box # 711 TARPON Bay Rd	3. Mailing Address P.O. Box 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State SARASOTA FL
Zip 33957	Zip 33957
Country USA	Country USA

04152008 Chg-NP CR2E037 (12/06)

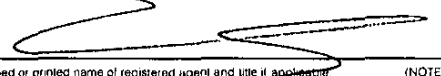
4. FEI Number 59-2433276	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAPP, PAUL PROFESSIONALLY YOURS, INC 15660 SAN CARLOS BLVD FORT MYERS, FL 33908	
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7. Name and Address of New Registered Agent Name: Steven Mackesy Street Address (P.O. Box Number is Not Acceptable): 711 TARPON Bay Rd City: SARASOTA FL Zip Code: 33957	
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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:  DATE: 4/14/08  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAROLAN, FRANCIS 44 N. COURT STREET PROVIDENCE, RI 02503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORAVUS, LANA 16813 DAVIS DR SW 321 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITZ, VALERIE 150 BARNARD STREET HIGHLAND PARK, NJ 08904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, FAYE 16813 DAVIS RD SW 323 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAY, JOHN 13821 LAKE MAHOGONAY BLVD., #3814 FORT MYERS, FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LANIER, FAYE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1795 FLORIANE BLVD ST CHARLES MO 62303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dennis Bognan 20 Clear Pond Rd Falmouth, MA 02540

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: Valerie Fritz Valerie Fritz 4/14/08 2394725020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #