2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01931

FILED Apr 09, 2009 Secretary of State

Entity Name: DAVIS COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

711 TARPON BAY RD. SANIBEL, FL 33957

Current Mailing Address: New Mailing Address:

P.O. BOX 100

SANIBEL, FL 33957 US

FEI Number: 59-2433276 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:

MACKESY, STEVEN 711 TARPÓN BAY RD. SANIBEL, FL 33957

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CAROLAN, FRANCIS CAROLAN, FRANK Name: Name: 44 N. COURT STREET Address: 44 N. COURT STREET Address: City-St-Zip: PROVIDENCE, RI 02503 City-St-Zip: PROVIDENCE, RI 02503

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

FRITZ, VALERIE Name: FRITZ, VALERIE Name: Address: 150 BARNARD STREET Address: 150 BARNARD STREET City-St-Zip: HIGHLAND PARK, NJ 08904 City-St-Zip: HIGHLAND PARK, NJ 08904

Title: VD. () Delete Title: () Change () Addition

LANIER, FAYE Name: Name: Address: 1795 FLORINE BLVD Address: City-St-Zip: SAINT CHARLES, MO 63303 City-St-Zip:

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

FAY, JOHN Name: Name: FAY, JOHN Address:

13821 LAKE MAHOGONAY BLVD., #3814 Address: 12 CANAPITSIT DR

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: EAST FALMOUTH, MA 02536

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

BREMAN, DENNIS BRENNAN, DENNIS Name: Name: 70 CLEAR POND RD. 70 CLEAR POND RD. Address: Address: City-St-Zip: FALMOUTH, MA 02540 City-St-Zip: FALMOUTH, MA 02540

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: VALERIE FRITZ PD 04/09/2009