

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N04286

1. Entity Name
DAVIS SHORES TOWN HOMES ASSOCIATION, INC.



Principal Place of Business
206 GERADO ST
ST AUGUSTINE, FL 32084 US

Mailing Address
P.O. BOX 26087
JACKSONVILLE, FL 32226



02032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2547269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOEFER, DEBRA
204 GERADO STREET
ST AUGUSTINE, FL 32080

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	BENTON, JEAN
STREET ADDRESS	12361 DESOTO ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DP
NAME	MELLON, BERNIE
STREET ADDRESS	206 GERADO ST.
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	DVP
NAME	FRASER, JOAN
STREET ADDRESS	200 GERADO ST
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	DVP
NAME	HOEFER, DEBRA
STREET ADDRESS	204 GERADO ST
CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642433
03/01/07-80043-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

504-757-1503

Daytime Phone #