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

FILED Mar 12, 2008 8:00 am Secretary of State

DOCUMENT # N04286 1. Entity Name DAVIS SHORES TOWN HOMES ASSOCIATION, INC.						03-12-2008	90029 050 ****61	.25
Principal Place of Business Mailing Address 206 GERADO ST P.O. BOX 26087 ST AUGUSTINE, FL 32084 US JACKSONVILLE, FL" 32226				standard brankly glood tra	40043	an dirin kanganisti di di	errati rainas	
Principal Place of Business - No P.O. Box # 3. Mail			failing Address					
		Suite, Apt. #, e	Suite, Apt. #, etc.		03052008	Chg-NP	CR2E037 (12/06)	
City & State Ci		City & State	ty & State		4. FEI Number 59-25472	69	<u> </u>	plied For t Applicable
Zíp	Country	Zip	Cou	untry	5. Certificate of	Status Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered Agent	-
				Name			<u>-</u>	
HOEFER, DEBRA 204 GERADO STREET ST AUGUSTINE, FL 32080				Street Address (P.O. Box Number is Not Acceptable)				
				City		·	FL Zip Cod	9
	named entity submits this statement folions of registered agent.	or the purpose of chan	ging its register	ed office or reg	istered agent, or both, i	n the State of Fl	lorida. I am familiar with,	and accept
SIGNATURE .	Strowbies typed or printed name of registered appeal	and little if annimation	(NOTE: Panisters	d Agest signature and	- 6 ar own of Phonographics (1 a) - at	es della decementaria	DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					(Circo Aries) (estistation)	10,000	DATE	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		Make check payable t rida Department of S	
10.	OFFICERS AND DI	PECTORS	11.	·	ADDITIONS/CHAN	GES TO OFFICE	ERS AND DIRECTORS IN	10
TITLE NAME	AS BENTON, JEAN	☐ Dele	te TITLE				☐ Change	☐ Addition
STREET ADDRESS	12361 DESOTO ST		STRE	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL			-ST-ZIP				
TITLE NAME				_ I				
STREET ADDRESS	DP	☐ Dete					☐ Change	☐ Addition
CITY-ST-ZIP	MELLON, BERNIE	☐ Dete	NAM	E			☐ Change	☐ Addition
CIST-SI-ZIP	MELLON, BERNIE 206 GERADO ST.	☐ Dete	NAM Stre				☐ Change	Addition
TITLE	MELLON, BERNIE		NAM Stre City	E ET ADORESS -ST-ZIP			☐ Change	
	MELLON, BERNIE 206 GERADO ST. ST AUGUSTINE, FL	☐ Dete	NAM Stre City	E ET ADDRESS -ST-ZIP				Addition
TITLE	MELLON, BERNIE 206 GERADO ST. ST AUGUSTINE, FL D/VP		NAM STRE CITY te TITLL NAM	E ET ADDRESS -ST-ZIP				
TITLE NAME	MELLON, BERNIE 206 GERADO ST. ST AUGUSTINE, FL D/VP FRASER, JOAN		NAM STRE CITY te TITLE NAM STRE	E EET ADDRESS -ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MELLON, BERNIE 206 GERADO ST. ST AUGUSTINE, FL D/VP FRASER, JOAN 200 GERADO ST ST AUGUSTINE, FL 32084 DVP		NAM STRE CITY te TITL NAM STRE CITY	E EET ADDRESSST-ZIP E E E E E E E E E E E E E E E E E E E	D D E C T T O N	OF CIT	☐ Change	
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CITY-S1-ZIP

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 attackment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

D/VP

Jeanne Young

Date

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

> Mar. 7, 2008 AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 757-1903

Daytime Phone #

☐ Change

Addition