2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04286

FILED Feb 18, 2009 Secretary of State

Entity Name: DAVIS SHORES TOWN HOMES ASSOCIATION, INC.

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

206 GERADO ST 206 GERADO ST

ST AUGUSTINE, FL 32084 US ST AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

P.O. BOX 26087

JACKSONVILLE, FL 32226

FEI Number: 59-2547269 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:

HOEFER, DEBRA 204 GERADO STREET ST AUGUSTINE, FL 32080 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BENTON, JEAN
 Name:
 BENTON, JEAN

 Address:
 12361 DESOTO ST
 Address:
 12361 DESOTO ST

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL
 32226

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

 Name:
 MELLON, BERNIE
 Name:
 MELLON, BERNIE

 Address:
 206 GERADO ST.
 Address:
 206 GERADO ST.

 City-St-Zip:
 ST AUGUSTINE, FL
 City-St-Zip:
 ST AUGUSTINE, FL
 32080

Title: D/VP () Delete Title: D/VP (X) Change () Addition Name: FRASER, JOAN Name: FRASER, JOAN

Address: 200 GERADO ST Address: 200 GERADO ST

City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ST AUGUSTINE, FL 32080

Title: DVP () Delete Title: () Change () Addition

Name: HOEFER, DEBRA Name: Address: 204 GERARDO ST Address:

City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip:

Title: D/VP () Delete Title: () Change () Addition

 Name:
 YOUNG, JEANNE
 Name:

 Address:
 202 GERARDO STREET
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080
 City-St-Zip:

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: JEAN BENTON AS 02/18/2009