

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

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009240

1. Entity Name
DAVIS INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business
3289 KINGS ROAD SOUTH
ST. AUGUSTINE, FL 32086

Mailing Address
3289 KINGS ROAD SOUTH
ST. AUGUSTINE, FL 32086



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3442061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA ST.
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, RICHARD
STREET ADDRESS	3289 KINGS ROAD SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	DAVIS, DEBORAH
STREET ADDRESS	3289 KINGS ROAD SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	MATTHEWS III, ROB A
STREET ADDRESS	93 1/2 KING STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80039-010 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: *Deborah M. Davis, Director* Deborah M. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-23-08 (904) 269-9198

Daytime Phone #