


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

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90034 038 \*\*\*\*61.25

<b>DOCUMENT # N44580</b> 1. Entity Name DAVIE COUNTRY ESTATES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 4425 SW 74TH TERRACE DAVIE, FL 33314 US	Mailing Address 4425 SW 74TH TERRACE DAVIE, FL 33314 US
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0147189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, KATHERINE D  
4425 SW 74TH TERRACE  
DAVIE, FL 33314

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, KATHERINE D 4425 SW 74TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASQUEZ, DANIEL 4420 SW 74TH WAY DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASAN, RHONDA M 7455 SW 43RD CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOUGH, DIANE 4401 SW 74TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Joseph Stasio 4900 SW 74th Terrace Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **President** 1/25/08 954 4740675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #