

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001611

1. Entity Name
DAVIS ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4532 SW 37 AVE.
FT. LAUDERDALE, FL 33312 US

Mailing Address
4532 SW 37 AVENUE
FORT LAUDERDALE, FL 33312 US



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0408389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JASON, GEORGE
4549 SW 37 AVE.
FORT LAUDERDALE, FL 33312

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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 VP
NAME LEAHY, DENNIS
STREET ADDRESS 4660 SW 37 AVE.
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VD
NAME PFENNIGER, DORIS
STREET ADDRESS 4613 SW 37 AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE PD
NAME JASON, GEORGE
STREET ADDRESS 4549 SW 37 AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE TD
NAME METSCHER, ANN
STREET ADDRESS 4548 SW 37 AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Ann Metscher ANN METSCHER

4/20/07

Date

954-462-2300

Daytime Phone #