

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUN 11 AM 11:12

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT #** 1. Corporation Name  
 114766  
 DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 2180 WEST SR 434 2180 WEST SR 434  
 STE 5000 STE 5000  
 LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044

**REINSTATEMENT** 96-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/06/1986		04/29/96	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2909130		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W. JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: 5/30/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	REISZ, EDWIN		1.2 NAME				
STREET ADDRESS	1707 BRIDGEWATER DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	HEATHROW, FL 32746		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEVOOGD, GERALD		2.2 NAME			800002210558-1	
STREET ADDRESS	1292 GLENCREST DR		2.3 STREET ADDRESS			-06/12/97--01107--007	
CITY-ST-ZIP	HEATHROW, FL 32746		2.4 CITY-ST-ZIP			*****61.25 *****61.25	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COLTON, LINDA		3.2 NAME				
STREET ADDRESS	510 DEVON PL		3.3 STREET ADDRESS				
CITY-ST-ZIP	HEATHROW, FL 32746		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GARGANO, TONY		4.2 NAME			800002210558-1	
STREET ADDRESS	489 DEVON PL		4.3 STREET ADDRESS			-06/12/97--01107--008	
CITY-ST-ZIP	HEATHROW, FL 32746		4.4 CITY-ST-ZIP			*****236.35 *****236.35	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KEINER, JEFFERY		5.2 NAME				
STREET ADDRESS	1280 GLENCREST DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	HEATHROW, FL 32746		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony E. Gargano DATE: 3/14/97 DAYTIME PHONE: (407) 333-3225

CR2E037 (9/96)