## **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

DOCUMENT #

N14766

DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.

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97 JUN 11 AM 11: 12

SECRETARY OF STATE

DETON GREEN RETURBORHOOD ASSOCIATION, INC.					TALL AHASSER FLURIDA	
Principal Pla	ce of Business	Mailing Address				
	WEST SR 434	2180 WEST S	SR 434		REINSTATEM	FNT al-9
STE 50	•	STE 5000				m: ( )
LONGWO	00D FL 32779-5044	LONGWOOD F	FL 32779	9-5044	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					05/06/1986 4. FET Number	04/29/96
21	1 1000 01 1003111003	26			59-2909130	Applied For Not Applicab
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	nto.	City & State				Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25 9. Name and Address of Current	Pagistared Ament	30			Yes No
		negistered Agent	81	Name	10. Name and Address of New Re	igistered Agent
	JAMES W. JR		82	Stroot Addr	ess (P.O. Box Number is Not Acceptat	hio)
	MANAGEMENT, INC.			Direct Addin	ess (i .o. box ivaniber is ivot Acceptat	510)
\$TE 50	VEST SR 434		83			
LONGWO			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617,1508, Florida Statu	ites, the above-	named corp	peration submits this statement for the r	Durages of changing its registers
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida, Such change was fons of Section 617,0503, F	authorized by liferida Statutes.	the corporati	ion's board of directors. I hereby accer	pt the appointment as registered
SIGNATURE					5/30	0/97
12.	*Signature, juped or printed name of registered agen		13.	l signature require		DATE
TITLE	PD	DELETE	13. 111litt		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	REISZ, EDWIN		1.2 NAME			La vienge La viene
STREET ADDRESS	1707 BRIDGEWATER I	OR .	1.3 STREET A	DDRESS		
CITY-ST-ZIP	HEATHROW, FL 32	746	1.4 C(TY-ST-	ZIP		
TITLE NAME	VD	☐ DELCTE	2.1 TITLE 2.2 NAME		gamaa	Change Addition
STREET ADDRESS	DEVOOGD, GERALD		2.3 STREET A	DDRESS	-06/12	210558: 297-01107007
CITY-ST-ZIP	1292 GLENCREST DR	16	2 4 CITY - ST		米米米米	61.25 *****61.25
TITLE	SEATHROW, FL 3274	DELETE	3 1 TITLE			☐ Change ☐ Additio
NAME	COLTON, LINDA		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	510 DEVON PL		3.3 STREET A			
TITLE	HEATHROW, FL 327	46 DELETE	41 TITLE	- 217	The same street street street	T Stanta - Adding
NAME	GARGANO, TONY		4 2 NAME		80000	<b>10日963-日本版</b> 79701107008 96 95 本本本学236 35
STREET ADDRESS	489 DEVON PL		4 3 STREET A	DDRESS	<b>非非非常23</b>	36.35 ****236.35
CITY-ST-ZIP TITLE	HEATHROW, FL 3274	6 DECETE	44 CITY-SI-	7)P		
NAME	, D	Dreft it	5.1 TITLE 5.2 NAME			Change Additio
STREET ADDRESS	KEINER, JEFFERY		5.3 STREET AL	ODRESS .		
CITY-ST-ZIP	·1280 GLENCREST DR HEATHROW, FL 327	46	5.4 CITY-ST-			
TITLE	HEATHNORS IL 327	DELETE	61 TITLE			Change Addition
NAME			62 NAME	20100		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET AL			
14. I do herel	by certify that the information supplied	with this filing does not qual	6.4 City-St- lify for the exem	ntion stated	in Section 119.07(3)(i), Florida Statuter	s. I further certify that the
intormatic Lam an o	on indicated on this annual report or su Afficer or director of the corporation or the	pplemental annual report is ne receiver or trustee empor	true and accura vered to execut	ate and that r e this report	my signature shall have the same legal as required by Chapter 617, Florida S	Leffect as if made under eath; the talutes; and that my name
appears i	n Block 12 or Block 13 if changed, or o	on an attachment with an ad	dress.	•	3/ /	•
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