

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14766 (2)**  
 1. Corporation Name  
**DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779-5044 US
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3. Date Incorporated or Qualified  
**05/06/1986**

4. FEI Number  
**99-2902130 59-2909130**

Applied For	Not Applicable
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2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 City & State

24 Zip 25 Country 29 Zip 30 Country

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HART, JR, JAMES W**  
**2180 WEST SR 434**  
**STE 5000**  
**LONGWOOD FL 32779-5044**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEVOGD GERALD 1292 GLENCREST DR. HEATHROW FL 32746 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REISZ EDWIN 1707 BRIDGEWATER DR HEATHROW FL 32748 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLTON LINDA 510 DENTON PLACE HEATHROW FL 32746 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARGANO TONY 489 DEVON PLACE HEATHROW FL 32746 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNER, JEFFREY 1280 GLENCREST DR HEATHROW FL 32746 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD EVANS, KIM 1240 GLENCREST DR HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD ADAMSON, WILLIAM E 467 DENTON CT HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD DEVOGD, RENATA 1292 GLENCREST CR HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD HEWER, WILLIAM LEE 461 DEVON PL HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D HOEG, DWIGHT C 506 DEVON PL HEATHROW FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: WILLIAM HEWER **REQUIRED** *26 FEB 98*

CR2E037 (10/97)