

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90015 042 ****61.25

DOCUMENT # N14766

1. Entity Name

DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 STE 5000
 LONGWOOD FL 32779-5044
 US

2180 WEST SR 434
 STE 5000
 LONGWOOD FL 32779
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2909130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JR, JAMES W
2180 WEST SR 434
STE 5000
LONGWOOD FL 32779-5044

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, KIM	
STREET ADDRESS	1240 GLENCREST DR	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ADAMSON, WILLIAM E	
STREET ADDRESS	467 DENTON CT	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCANDREWS, DAWN	
STREET ADDRESS	475 DENTON PLACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEWER, WILLIAM L	
STREET ADDRESS	461 DEVON PL	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOEG, DWIGHT C	
STREET ADDRESS	506 DEVON PL	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE BUCZKOWSKI	
STREET ADDRESS	482 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGAR TUTTLE	
STREET ADDRESS	1232 GLENCREST DR	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER COLEMAN	
STREET ADDRESS	450 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVILLA BISHOP	
STREET ADDRESS	505 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL 32746	

12. 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 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 *Dawn McAndrews* **SIGNATURE REQUIRED** DAWN MC ANDREWS

02/10/2000 407 444 0398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)