


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90143 031 \*\*\*\*70.00

<b>DOCUMENT # N22765</b> 1. Entity Name <b>DEVON PLACE HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business		Mailing Address	
C/O LANG MANAGEMENT CO 2104.COMMERCIAL TRAIL BOCA RATON FL 33486		C/O LANG MANAGEMENT CO 2104.COMMERCIAL TRAIL BOCA RATON FL 33486	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0043687</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILLIAM K. ISAACSON ,</b> <b>21045 COMMERCIAL TRAIL</b> <b>BOCA RATON FL 33486</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NW Scott Notowitz <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	3898 NW 52 <sup>nd</sup> Street	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTISON, BRAD	NAME	
STREET ADDRESS	3869 NW 52 ST.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNOFF, MALINDA	NAME	
STREET ADDRESS	3969 NW 52 ST.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFER, LEWIS	NAME	
STREET ADDRESS	3874 DEVON COURT SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, MAUREEN	NAME	
STREET ADDRESS	3767 NW 53 ST.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Maureen R. Chaves</i>		Date: <i>3/18/2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	