


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 015 \*\*\*\*70.00

**DOCUMENT # N22765**  
 1. Entity Name  
**DEVON PLACE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O LANG MANAGEMENT CO** **C/O LANG MANAGEMENT CO**  
**2104 COMMERCIAL TRAIL** **2104 COMMERCIAL TRAIL**  
**BOCA RATON FL 33486** **BOCA RATON FL 33486**



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0043687** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIAM K. ISAACSON**  
**21045 COMMERCIAL TRAIL**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 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**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FREDERIC, JAMES	
STREET ADDRESS	3725 NW 53RD STREET	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTISON, BRAD	
STREET ADDRESS	3869 NW 52 ST.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARNOFF, MALINDA	
STREET ADDRESS	3969 NW 52 ST.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIOKELSTEID, DAVID	
STREET ADDRESS	3914 NW 53RD STREET	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAVES, MAUREEN	
STREET ADDRESS	3767 NW 53 ST.	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

*Steve Picow*  
*NW 52 St*  
*Boca Raton FL 33496*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #