

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22765

FILED
Apr 13, 2010
Secretary of State

Entity Name: DEVON PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MANAGEMENT CO
2104 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

C/O LANG MANAGEMENT CO
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

Current Mailing Address:

C/O LANG MANAGEMENT CO
2104 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

C/O LANG MANAGEMENT CO
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

FEI Number: 65-0043687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: CHAVES, MAUREEN
Address: 3767 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: P
Name: SHASHOUA, BARBARA
Address: 3990 NW 52 STREET
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: BARONOFF, MALINDA
Address: 3969 NW 52ND STREET
City-St-Zip: BOCA RATON, FL 33496

Title: VP
Name: FINKELSTEIN, PAM
Address: 3914 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33496

Title: S
Name: HOLLANDER, MARISSA
Address: 3985 NW 53RD ST
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN CHAVES

T

04/13/2010

Electronic Signature of Signing Officer or Director

_____ Date