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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33557** **(2)**

1. Corporation Name

DEVON GREEN AT AUDUBON RESIDENTS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 7105 NAPLES FL 33941	P.O. BOX 7105 NAPLES FL 33941

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 06/03/1989

4. FEI Number: 65-0140746 ☐ Applied For ☐ Not Applicable

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

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

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

KUETER, BEVERLY
C/O SUNBURST MGMT CORP
2076 J & C BLVD
NAPLES FL 33942

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	D, P	☐ Change ☒ Addition
NAME	~~BUTLER, GEORGE~~		1.2 NAME	NEAL FARRELL	
STREET ADDRESS	~~15267 DEVONGREEN LANE~~		1.3 STREET ADDRESS	15275 Devon Green LN.	
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP	Naples, FL	
TITLE	~~VPD~~	☒ DELETE	2.1 TITLE	D, V	☐ Change ☒ Addition
NAME	~~LEWING, WILLIAM~~		2.2 NAME	Herb CONRARD	
STREET ADDRESS	~~15300 DEVON GREEN LANE~~		2.3 STREET ADDRESS	15288 Devon Green LN.	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples, FL.	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DISHER, STAN		3.2 NAME		
STREET ADDRESS	15252 DEVON GREEN LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Stan D Disher 4/6/98 941/591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #