2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33557

1. Entity Name

DEVON GREEN AT AUDUBON RESIDENTS' ASSOCIATION, I

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90108 013 ****61.25

Principal Place of Business	Mailing Address
~~P.O. BOX 7105~~ ~~NAPLES FL 33941~~	~~P.O. BOX 7105~~ ~~NAPLES FL 34108-0106~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 110339	P.O. Box 110339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL.	City & State: Naples, FL.
Zip: 34108 Country: US	Zip: 34108 Country: US

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

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
KUETER, BEVERLY C/O SUNBURST MGMT CORP ~~2076 J & C BLVD~~ NAPLES FL ~~33942~~	Name Street Address (P.O. Box Number is Not Acceptable): 2073 J + C BLVD. City: FL Zip Code: 34109

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~FARRELL, NEAL~~ ~~15275 DEVON GREEN LN~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP CittADine, JACK 15284 DEVON GREEN LN, NAPLES, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~CONRARD, HERB~~ ~~25288 DEVON GREEN LN~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S, T HARRY HANCOCK 15304 DEVON GREEN LN. NAPLES, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DST~~ FOX, GERALD 15272 DEVON GREEN LN NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ **REQUIRED** JACK CittADine 4/20/00 941-591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #