2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # **N33557**



May 05, 2003 8:00 am § Secretary of State

FILED

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1. Entity Nam DEVON G NC.	reen at audubon reside	05-05-2003 90332 047 ****61.25						
Principal Place P.O. BOX 1103 NAPLES FL 34	39	Mailing Address P.O. BOX 110156 NAPLES FL 34108			_			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0140746 Applied For Not Applied be			
Zip	Country	Zip	Country		5. Certificate of Stat	us Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Registere		
			Name					
2310 DEL	SIONAL COMMUNITY SERVICES LA DR		Street A	Street Address (P.O. Box Number is				
NAPLES FL 34117								
Ų			City			F	Zip Cod	e
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent	9. Election Cam Trust Fund Co	ontribution.	o ;	\$5.00 May Be Added to Fees	Florida Dep	eck Payable partment of S	State
TITLE	OFFICERS AND DIF	Delete	TITLE	DP P	DDITIONS/CHANGES	S TO OFFICERS AND	Change	10
NAME STREET ADDRESS CITY-ST-ZIP	GRAF, EDWARD 15260 DEVON GREEN LANE NAPLES FL	56 Delete	NAME STREET ADDRESS CITY-ST-ZIP	David	d white Town Guer es, Fr 3411	een Lane 10	Citalige	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORMACK, BOB 15259 DEVAN GREEN LN NAPLES FL 34110	☐ Delete	NAME	1525	rack Bob 9 Down Gr CI FI 341	rem lanc	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DS WHITE, DAVE 15307 DEVON GREEN LN NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ken 821 ST.L	marshall 5. Bemistor ous, MO 63.	105	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS SPEECHLY, SAM 5332 CYPRESS LN NAPLES FL 34113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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

r neces, seriny manine monitoriation supplied with this ning does not quality for the exemption stated in Section 119.07(3)(1), 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:

239-352-6780