

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 PH 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N37842** (4)  
1. Corporation Name  
**DEVONSHIRE NORTH ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
\* SHAWN MC INTYRE  
1501 WATERFORD DR.  
VENICE FL 34292  
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1501 WATERFORD DR.  
VENICE FL 34292

3. Date Incorporated or Qualified **04/26/1990** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **65-0194394** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **DEVONSHIRE NORTH ASSOCIATION, INC.** 26 **DEVONSHIRE NORTH ASSOCIATION, INC.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1506 JASPER COURT** 27 **1506 JASPER COURT**  
City & State City & State  
23 **VENICE, FLORIDA** 28 **VENICE, FLORIDA**  
Zip Country Zip Country  
24 **34292** 25 **SARASOTA** 29 **34292** 30 **SARASOTA**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCINTYRE, SHAWN R.**  
**1501 WATERFORD DR.**  
**VENICE FL 34292**

10. Name and Address of New Registered Agent  
81 Name **JOHN C. BREGGER**  
82 Street Address (P.O. Box Number is Not Acceptable) **1556 JASPER COURT**  
83  
84 City **VENICE** FL 85 Zip Code **34292**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *John C. Bregger* JOHN C. BREGGER, PRESIDENT 4/19/95

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del>
NAME	<del>PARRISH, JAYNE E.</del>
STREET ADDRESS	<del>1501 WATERFORD DR.</del>
CITY, ST, ZIP	<del>VENICE FL</del>
TITLE	<del>D</del>
NAME	<del>MILLER, MICHAEL W.</del>
STREET ADDRESS	<del>1501 WATERFORD DR.</del>
CITY, ST, ZIP	<del>VENICE FL</del>
TITLE	<del>PSD</del>
NAME	<del>MCINTYRE, SHAWN R.</del>
STREET ADDRESS	<del>1501 WATERFORD DR.</del>
CITY, ST, ZIP	<del>VENICE FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN C. BREGGER
13 STREET ADDRESS	1506 JASPER COURT
14 CITY, ST, ZIP	VENICE, FL 34292
21 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROBERT G. MACDONALD, JR.
23 STREET ADDRESS	1506 JASPER COURT
24 CITY, ST, ZIP	VENICE, FL 34292
31 TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERT A. COHEN
33 STREET ADDRESS	1506 JASPER COURT
34 CITY, ST, ZIP	VENICE, FL 34292
41 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VIRGINIA J. SKEWES
43 STREET ADDRESS	1506 JASPER COURT
44 CITY, ST, ZIP	VENICE, FL 34292
51 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	THOMAS J. MURPHY, JR.
53 STREET ADDRESS	1506 JASPER COURT
54 CITY, ST, ZIP	VENICE, FL 34292
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

*DP75/11*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *John C. Bregger* JOHN C. BREGGER, PRESIDENT 4/19/94  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 484-1964 Date