

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **1506 JASPER COURT VENICE FL 34292**
Mailing Address: **1506 JASPER COURT VENICE FL 34292**

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0194394**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**BREGGER, JOHN C
1506 JASPER COURT
VENICE FL 34292**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREGGER, JOHN C	
STREET ADDRESS	1506 JASPER COURT	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MACDONALD, ROBERT G JR	
STREET ADDRESS	1506 JASPER COURT	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ROBERT A	
STREET ADDRESS	1506 JASPER COURT	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SKEWES, VIRGINIA J	
STREET ADDRESS	1506 JASPER COURT	
CITY - ST - ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, THOMAS J JR	
STREET ADDRESS	1506 JASPER COURT	
CITY - ST - ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Alvar Anderson	
13 STREET ADDRESS	1506 Jasper Court	
14 CITY - ST - ZIP	Venice, FL 34292	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George Brew	
23 STREET ADDRESS	1506 Jasper Court	
24 CITY - ST - ZIP	Venice, FL 34292	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Christel Wheeler	
33 STREET ADDRESS	1506 Jasper Court	
34 CITY - ST - ZIP	Venice, FL 34292	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(k), 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. Breger 8 February 1996 941-484-1964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)