

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
1506 JASPER COURT VENICE FL 34292 1506 JASPER COURT VENICE FL 34292-4336

3. Date Incorporated or Qualified 04/26/1990
3a. Date of Last Report 02/14/1996

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

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

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 ANDERSON, ALVAR
82 Street Address (P.O. Box Number is Not Acceptable) 1506 JASPER COURT
83
84 City VENICE FL 85 Zip Code 34292

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 *Alvar H. Anderson, President* 4-8-97
Signature, typed or printed name of registered agent and title if applicable (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 type="checkbox"/> DELETE
NAME	ANDERSON, ALVAR	
STREET ADDRESS	1506 JASPER COURT	
CITY-ST-ZIP	VENICE FL	
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	D	<input type="checkbox"/> DELETE
NAME	BREW, GEORGE	
STREET ADDRESS	1506 JASPER COURT	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDERSON, ALVAR	
1.3 STREET ADDRESS	1506 JASPER COURT	
1.4 CITY-ST-ZIP	VENICE, FL 34292	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DESROSIERS ROSALIND	
2.3 STREET ADDRESS	1506 JASPER COURT	
2.4 CITY-ST-ZIP	VENICE, FL 34292	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VERSCHLEISER, MARIA	
3.3 STREET ADDRESS	1506 JASPER COURT	
3.4 CITY-ST-ZIP	VENICE, FL 34292	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BREW, GEORGE	
4.3 STREET ADDRESS	1506 JASPER COURT	
4.4 CITY-ST-ZIP	VENICE, FL 34292	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CODELLA, FRANK	
5.3 STREET ADDRESS	1506 JASPER COURT	
5.4 CITY-ST-ZIP	VENICE, FL 34292	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARSHALL, DONALD	
6.3 STREET ADDRESS	1506 JASPER COURT	
6.4 CITY-ST-ZIP	VENICE FL 34292	

14. I do 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: *Alvar H. Anderson* 4/8/97

CFR2E037 (9/96)