

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90024 007 \*\*\*\*61.25

**DOCUMENT # N37842**

1. Entity Name  
**DEVONSHIRE NORTH ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1506 JASPER COURT**      **1506 JASPER COURT**  
**VENICE FL 34292**      **VENICE FL 34292-4336**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0194394**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CODELLA, FRANK**  
**1552 JASPER CT**  
**VENICE FL 34292**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (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 VD	<input type="checkbox"/> Delete	TITLE STILES, CLIFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STILES, CLIFF		NAME	
STREET ADDRESS 1536 JASPER CT		STREET ADDRESS	
CITY-ST-ZIP VENICE FL 34292		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE Desrosiers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESROUCMERS, ROBERT		NAME	Spelling
STREET ADDRESS 1576 JASPER CT		STREET ADDRESS	
CITY-ST-ZIP VENICE FL 34262		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, KENNETH		NAME	
STREET ADDRESS 1513 BELFAY DR		STREET ADDRESS	
CITY-ST-ZIP VENICE FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, HERBERT		NAME	
STREET ADDRESS 1558 BEFAL DR		STREET ADDRESS	
CITY-ST-ZIP VENICE FL		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CODELLA, FRANK		NAME	
STREET ADDRESS 1506 JASPER COURT		STREET ADDRESS	
CITY-ST-ZIP VENICE FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCORD, JAMESX		NAME	
STREET ADDRESS 1553 JASPER CT		STREET ADDRESS	
CITY-ST-ZIP VENICE FL 34292		CITY-ST-ZIP	

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: Robert T. Desrosiers      DATE: 2/16/00      DAYTIME PHONE #: 941-485-0898

CR2E037 (9/99)