


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90019 044 \*\*\*\*61.25

<b>DOCUMENT # N37842</b>					
1. Entity Name <b>DEVONSHIRE NORTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>1506 JASPER COURT VENICE, FL 34292</b>		Mailing Address <b>1506 JASPER COURT VENICE, FL 34292</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0194294</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEBER, EDWARD 1537 JASPER COURT VENICE, FL 34292</b>				Name <b>ROBERT COHEN</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1518 BELFRY DR</b>	
				City <b>VENICE</b>	FL <b>34292</b>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>ROBERT COHEN PRES/Dir</b>		<b>Robert Cohen</b>		DATE <b>3/20/06</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <b>WEBER, EDWARD 1532 JASPER COURT VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <b>ROBERT COHEN 1518 BELFRY DR VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>COHEN, ROBERT 1518 BELFRY DRIVE VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BARBARA CALDER 1537 JASPER CT VENICE, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WHEELER, JACK 1525 JASPER COURT VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GLORIA BRUNS 1540 JASPER CT VENICE, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FICK, BARBARA 1510 BELFRY DR VENICE, FL 34292</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D <b>RUSSELL JOHNSON 1507 BELFRY DR VENICE, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WARD, EDDI 1526 BELFRY DR VENICE, FL 34292</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>JAS-MCCOZO 1553 JASPER CT VENICE, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEIL, ANDREW 1588 JASPER COURT VENICE, FL 34292</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Russell L. Johnson</b>		<b>Tras</b>		DATE: <b>3/20/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

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01052006 Chg-NP CR2E037 (11/05)

\$8.75 Additional Fee Required

City Code

(NOTE: Registered Agent signature required when resubmitting)

DATE

Make check payable to Florida Department of State

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412-3316