

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90245 015 \*\*\*\*61.25

**DOCUMENT # 761422**  
 1. Entity Name  
**ASSOCIATION OF DEVONWOOD HOMEOWNERS, INC.**



Principal Place of Business: **12401 S. DIXIE HIGHWAY MIAMI FL 33156**  
 Mailing Address: **12401 S. DIXIE HIGHWAY MIAMI FL 33156**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2190412**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**POOLE, DONALD**  
**6480 SW 133 DR.**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**  
 Name: **BOBBE W. DOOLEY**  
 Street Address (P.O. Box Number is Not Acceptable):  
**12401 S. DIXIE HIGHWAY**  
 City: **MIAMI** FL Zip Code: **33156**

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: *Bobbe W. Dooley* DATE: **2/15/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	JOANNOU, GLORIA	
STREET ADDRESS	6401 SW 134 DR.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOOLEY, BOBBE	
STREET ADDRESS	6540 W 134 DR	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POOLE, DONALD	
STREET ADDRESS	6480 SW 133RD DR	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	<del>VDP</del> PD	<input type="checkbox"/> Delete
NAME	JOANNOU, BENJAMIN JR.	
STREET ADDRESS	6401 SW 134 DR.	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	Hill, Dwight	
STREET ADDRESS	6350 SW 133 DR	
CITY - ST - ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, BENJAMIN R.	
STREET ADDRESS	6401 SW 134 DR	
CITY - ST - ZIP	Miami, FL 33156	
TITLE	VDP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Dwight	
STREET ADDRESS	6350 SW 133 DR	
CITY - ST - ZIP	MIAMI. FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bobbe W. Dooley* Bobbe W. Dooley, SD

2/15/06 305-235-6321