

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DOOLEY, BOBBE W
12401 S DIXIE HWY
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JOANNOU, GLORIA
STREET ADDRESS	6401 SW 134 DR.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	DOOLEY, BOBBE
STREET ADDRESS	6540 W 134 DR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD
NAME	JOANNOU, BENJAMIN JR.
STREET ADDRESS	6401 SW 134 DR.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VDP
NAME	HILL, DWIGHT
STREET ADDRESS	6350 SW 133 DR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80060-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-2008
Date

305-235-6321
Daytime Phone #