

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H14626** (6)

1. Corporation Name

DEVONWOOD FARMS AND HORSE CLUB, INC.



Principal Place of Business

Mailing Address

**2518 ROUSE RD.
ORLANDO FL 32817**

**2518 ROUSE RD.
ORLANDO FL 32817**

2. Principal Place of Business

21 **same**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 **25**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 **30**

9. Name and Address of Current Registered Agent

**SANTORE, JOHN
2518 ROUSE RD.
ORLANDO FL 32817**

3. Date Incorporated or Qualified
07/31/1984

3a. Date of Last Report
06/21/1995

4. FEI Number

59-2817241

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:

[Signature]

(NOTE: Registered Agent's signature required when reinstating)

DATE

1/14/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DYER, DEBBIE	
STREET ADDRESS	2518 ROUSE RD.	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	GARRETT-SANTORE, WENDY	
STREET ADDRESS	2518 ROUSE RD.	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTORE, JOHN	
STREET ADDRESS	2518 ROUSE RD.	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARRETT-SANTORE, WENDY	
1.3 STREET ADDRESS	2518 ROUSE ROAD	
1.4 CITY - ST - ZIP	ORLANDO, FL 32817	
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN SANTORE	
2.3 STREET ADDRESS	2518 ROUSE ROAD	
2.4 CITY - ST - ZIP	ORLANDO, FL 32817	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96 (407) 281-0084
Daytime Phone #

CR2E034 (12/95)