2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004128

FILED Jul 10, 2005 Secretary of State

Entity Name: DEVONSHIRE OF MADEIRA I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

225-A 140TH AVE 225-B 140TH AVE

MADEIRA BCH, FL 33708 MADEIRA BCH, FL 33708

Current Mailing Address: New Mailing Address:

225-A 140TH AVE 225-B 140TH AVE

MADEIRA BCH, FL 33708 MADEIRA BCH, FL 33708

FEI Number: 01-0718326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCIS, ERIKA M SPINNATO, JOSEPH A 225-A 140TH AVE 225-B 140TH AVE

MADEIRA BCH, FL 33708 US MADEIRA BCH, FL 33708 US

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: JOSEPH A. SPINNATO 07/10/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 SPINNATO, DIANE
 Name:
 SPINNATO, JOSEPH A

 Address:
 225-B 140TH AVE
 Address:
 225-B 140TH AVE E

 City-St-Zip:
 MADEIRA BEACH, FL 33708
 City-St-Zip:
 MADEIRA BEACH, FL 33708

Title: V () Delete Title: V (X) Change () Addition

Name: FRANCIS, ERIKA Name: SCOTT, STEMM A

Address: 225-A 140TH AVE Address: 225-A 140TH AVE

City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. SPINNATO P 07/10/2005