

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 15, 2007
Secretary of State

DOCUMENT# N02285

Entity Name: DEVONWOOD COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**BOYLE MANAGEMENT SERVICES
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:**PROPERTY FIRST, INC
221 WALTON HEATH DRIVE
ORLANDO, FL 32828**Current Mailing Address:**BOYLE MANAGEMENT SERVICES
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701**New Mailing Address:**PROPERTY FIRST, INC
221 WALTON HEATH
ORLANDO, FL 32828**FEI Number:** 59-2508554**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOYLE, JAMES
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**PALMER, BETH
221 WALTON HEATH
ORLANDO, FL 32828 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: BETH PALMER

08/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: V () Delete
Name: KOZOLOWSKI, KIP
Address: 7849 COPPERFIELD CT
City-St-Zip: ORLANDO, FL 32825Title: P () Delete
Name: CROSS, DAVID
Address: 504 MADRIGAL
City-St-Zip: ORLANDO, FL 32825Title: D () Delete
Name: NELSON, TRAVIS
Address: 757 ASHLEY CT
City-St-Zip: ORLANDO, FL 32825Title: D () Delete
Name: SIMSON, ROBERT
Address: 654 ASCOT CIRCLE
City-St-Zip: ORLANDO, FL 32825Title: T () Delete
Name: BARKER, JOANNE
Address: 710 ASHLEY CT
City-St-Zip: ORLANDO, FL 32825**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIP KOLOLOWSIK

PD

08/15/2007

Electronic Signature of Signing Officer or Director

Date