


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90062 001 \*\*\*183.75

DOCUMENT # N04000001734			
1. Entity Name DEVON PLACE HOMEOWNERS' ASSOCIATION OF SEMINOLE, INC.			
Principal Place of Business 605 E ROBINSON ST, STE 750 ORLANDO FL 32801		Mailing Address 605 E ROBINSON ST, STE 750 ORLANDO FL 32801	
2. Principal Place of Business 4700 Millenia Blvd Suite, Apt. #, etc. Suite 400		3. Mailing Address 4700 Millenia Blvd. Suite, Apt. #, etc. Suite 400	
City & State ORLANDO, FLORIDA		City & State ORLANDO FLORIDA	
Zip 32839	Country	Zip 32839	Country

66001336



1st MOORE CR2E037 (10/04)

4. FEI Number 34-1982590	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERLMAN, JEFFREY M 605 E ROBINSON ST, STE 750 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERLMAN, JEFFREY M 605 E ROBINSON ST, STE 750 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4700 MILLENIA BLVD, SUITE 400 ORLANDO, FLORIDA 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, DON 605 E ROBINSON ST, STE 750 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4700 MILLENIA BLVD, SUITE 400 ORLANDO, FLORIDA 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWLING, LARRY 605 E ROBINSON ST, STE 750 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4700 MILLENIA BLVD, SUITE 400 ORLANDO, FLORIDA 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JEFFREY M. PERLMAN 2-7-05 (407) 226-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #