2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001734

FILED Apr 26, 2007 Secretary of State

Entity Name: DEVON PLACE HOMEOWNERS' ASSOCIATION OF SEMINOLE, INC.

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

1600 WEST COLONIAL DRIVE ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

P.O. BOX 531010 ORLANDO, FL 32853

FEI Number: 34-1982590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MELROSE MANAGEMENT GROUP

JACK, HANSON 1600 WEST COLONIAL DRIVE 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804

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: JACK HANSON 04/26/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCCARTHY, THOMAS LEONARD, LEONARD Name: Name: 4700 MILLENIA BLVD, SUITE 400 Address: 1922 FENWICK WAY Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: (X) Change () Addition PETERSON, DON Name: PAUL, BUSCEMI Name: Address: 4700 MILLENIA BLVD. SUITE 400 Address: 2024 SCHULLER WAY City-St-Zip: ORLANDO, FL 32839 City-St-Zip: CASSELBERRY, FL 32707 Title: STD () Delete Title: (X) Change () Addition DOWLING, LARRY Name: MCNELLIS, BYRONY Name: 4700 MILLENIA BLVD, SUITE 400 2324 BEXLEY PLACE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change (X) Addition Name: Name: COSTA, WESLEY 2308 BEXLEY PLACE Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change (X) Addition

ROWTIE, ROY Name: Name:

2016 SCHULLER WAY Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707

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

YOUNG, BRODERICK Name: Name: Address: Address: 1949 FENWICK WAY CASSELBERRY, FL 32707 City-St-Zip: 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: JUSTIN LEONARD Ρ 04/26/2007