2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N14766

Entity Name: DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2909130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCROGGIN, HENRY	
Address:	490 DENTON PL	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VPD	( ) Delete
Name:	WHITAKER, MARTHA	
Address:	1267 GLENCREST DR	
City-St-Zip:	HEATHROW, FL 32746	
Title:	SD	( ) Delete
Name:	BOOMER, TONI	
Address:	481 DENTON PL	
City-St-Zip:	HEATHROW, FL 32746	
Title:	TD	( ) Delete
Name:	WESTRATE, JACK	
Address:	526 DEVON PL	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D	( ) Delete
Name:	HEWER, LEE	
Address:	461 DEVON PL.	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D	( ) Delete
Name:	GOLDFINE, MIKE	
Address:	1216 GLENCREST DR	
City-St-Zip:	HEATHROW, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SCROGGIN, HENRY	
Address:	490 DEVON PL	
City-St-Zip:	HEATHROW, FL 32746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BOOMER, TONI	
Address:	481 DEVON PL	
City-St-Zip:	HEATHROW, FL 32746	
Title:	TD	(X) Change ( ) Addition
Name:	HARTLEY, RUSSELL	
Address:	454 DEVON PL	
City-St-Zip:	HEATHROW, FL 32746	
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 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: HENRY SCROGGIN PD 03/17/2006

Electronic Signature of Signing Officer or Director — Date