## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N14766** 1. Entity Name DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.



**FILED** 

Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90238 011 \*\*\*\*61.25

| DEVOIVE   | SILEN NEIGHBOILHOOD  | AUGUCIAT  | 1014, 1140.   |   |  |   |                       |                  |  |  |
|---|--|---|---|---|--|---|-----------------------|------------------|--|--|
| Principal Place of Business<br>2180 WEST SR 434<br>STE 5000<br>LONGWOOD, FL 32779-5044 US   |  | Mailing Address<br>2180 WEST SR 434<br>STE 5000<br>LONGWOOD, FL 32779-5044 US |   |   |  | 111111111111111111111111111111111111111   | -<br>                 | 1 BISII BIBIK DI | BA 81911 BIT11 BIT                                 | <b>    </b>                              |
| 2. Principal P  | lace of Business - No P.O. Box #   | 3. Mailing A  | ddress  |   |  |   |                       |                  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  | 03272007 C  | hg-NP                 | CR2E0            | 37 (12/06)   |  |
| City & State  |  | City & S  |   |   | 4. FEI Number Applied For 59-2909130 Not Applied be  |   |                       |                  |  |  |
| Zip   | Country Zip  |   | Country   |   | 5. Certificate of S  | itatus Desired  |                       | \$8.75 Add       | ditional   |  |
|   | 6. Name and Address of Current   | t Registered Ag   | ent   |   |  | 7. Name and Ad  | dress of New R        | egistered        | Agent  |  |
| LIADT IAI   | MES W. ID  |   | ,   | Name  |  |   |                       |                  |  |  |
| HART, JAMES W JR<br>2180 WEST SR 434<br>STE 5000  |  |   | St  |   | ddress (F  | P.O. Box Number is  | Not Acceptable        | e)               |  |  |
| LONGWOOD, FL 32779-5044   |  |   |   |   |  |   |                       |                  |  |  |
|   | ·  |   |   | City  |  |   |                       | FL               | Zip Coo  | e  |
|   | named entity submits this statement f  | or the purpose of   | f changing its reg                                      | gistered office o   | r registere  | ed agent, or both, in   | the State of Fig      | orida. I am      | familiar with,                                     | and accept                               |
| the obligat   | ions of registered agent.  |   |   |   |  |   |                       |                  |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered agen  | nt and title if applicable  | (NOTE: Re   | gistered Agent signat   | ture required  | when reinstating)   |                       | DATE             | <u></u> .  | <u></u>                                  |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |  |   | 9. Election Campaign Financing Trust Fund Contribution. |   |  |   | γ                     |                  |  |  |
|   | _  | 9   |   |   |  | \$5.00 May Be<br>Added to Fees  |                       |                  | k payable t<br>rtment of S                         |  |
| 10.   | Due by May 1, 2007   |   |   | tribution.  |  | Added to Fees   | Flor                  | ida Depa         | rtment of S  | tate                                     |
| 10.<br>TITLE  | _  | IRECTORS  |   |   |  |   | Flor                  | ida Depa         | rtment of S  | tate                                     |
| TITLE<br>NAME   | OFFICERS AND D PD SCROGGIN, HENRY  | IRECTORS  | Trust Fund Con  | tribution.  11.  TITLE  NAME  | SD<br>WESTS  | Added to Fees  DDITIONS/CHANC  STRATE, JACOB  | Flor<br>SES TO OFFICE | ida Depa         | RECTORS IN   | tate                                     |
| TITLE<br>NAME<br>STREET ADDRESS   | OFFICERS AND D PD SCROGGIN, HENRY 490 DEVON PL   | IRECTORS  | Trust Fund Con  | TITLE NAME STREET ADDRESS   | SD<br>WESTS<br>526 DE  | Added to Fees  ODDITIONS/CHANG  STRATE, JACOB  VON PL   | Flor<br>SES TO OFFICE | ida Depa         | RECTORS IN   | tate                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Due by May 1, 2007  OFFICERS AND D  PD  SCROGGIN, HENRY  490 DEVON PL  HEATHROW, FL 32746  | IRECTORS  | Trust Fund Con  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>WESTS<br>526 DE<br>HEATH   | Added to Fees  DDITIONS/CHANC  STRATE, JACOB  | Flor<br>SES TO OFFICE | ida Depa         | TRECTORS IN Change                                 | tate<br>I 10                             |
| TITLE<br>NAME<br>STREET ADDRESS   | OFFICERS AND D PD SCROGGIN, HENRY 490 DEVON PL   | IRECTORS  | Trust Fund Con  | TITLE NAME STREET ADDRESS   | SD<br>WESTS<br>526 DE<br>HEATH   | Added to Fees ADDITIONS/CHANG STRATE, JACOB EVON PL HROW FL 32746   | Flor<br>SES TO OFFICE | ida Depa         | RECTORS IN   | tate                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Due by May 1, 2007  OFFICERS AND D  PD SCROGGIN, HENRY 490 DEVON PL HEATHROW, FL 32746  VPD  | IRECTORS  | Trust Fund Con  | 11. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | SD<br>WESTS<br>526 DE<br>HEATH<br>D<br>WHITA<br>1267 G   | Added to Fees ADDITIONS/CHANG STRATE, JACOB EVON PL HROW FL 32746 AKER, MARTHA BLENCREST DR   | Flor<br>SES TO OFFICE | ida Depa         | TRECTORS IN Change                                 | tate<br>I 10                             |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME  | Due by May 1, 2007  OFFICERS AND D  PD SCROGGIN, HENRY 490 DEVON PL HEATHROW, FL 32746  VPD WHITAKER, MARTHA   | IRECTORS  | Trust Fund Con  | TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME  | SD<br>WESTS<br>526 DE<br>HEATH<br>D<br>WHITA<br>1267 G   | Added to Fees  ADDITIONS/CHANCE  STRATE, JACOB  VON PL  HROW FL 32746  KER, MARTHA  | Flor<br>SES TO OFFICE | ida Depa         | TRECTORS IN Change                                 | tate<br>I 10                             |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.