

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

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

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|--|--|--|---|--|---|
| DOCUMENT # N14766 1. Entity Name DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779-5044 US | | | Mailing Address 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779-5044 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03272007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2909130 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HART, JAMES W JR 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779-5044 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCROGGIN, HENRY 490 DEVON PL HEATHROW, FL 32746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WESTSTRATE, JACOB 526 DEVON PL HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WHITAKER, MARTHA 1267 GLENCREST DR HEATHROW, FL 32746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITAKER, MARTHA 1267 GLENCREST DR HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BOOMER, TONI 481 DEVON PL HEATHROW, FL 32746 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BURGESS, MARK 453 DEVON PL HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HARTLEY, RUSSELL 454 DEVON PL HEATHROW, FL 32746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HARTLEY, RUSSELL 454 DEVON PL HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEWER, LEE 461 DEVON PL HEATHROW, FL 32746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DALE, MICHAEL 475 DENTON CT HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDFINE, MIKE 1216 GLENCREST DR HEATHROW, FL 32746 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DALE, MICHAEL 475 DENTON CT HEATHROW FL 32746 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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. | | | | | |
| SIGNATURE: <i>Martha L Whitaker</i> Martha L Whitaker <i>4/17/07</i> 407 833-8076 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |