


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90150 036 \*\*\*\*70.00

<b>DOCUMENT # N22765</b>					
1. Entity Name <b>DEVON PLACE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O LANG MANAGEMENT CO 2104 COMMERCIAL TRAIL BOCA RATON FL 33486</b>			Mailing Address <b>C/O LANG MANAGEMENT CO 2104 COMMERCIAL TRAIL BOCA RATON FL 33486</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0043687</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON FL 33486</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to:</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NW	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTOWITZ, SCOTT		NAME	FREDERICO, JAMES	
STREET ADDRESS	3898 NW 52ND ST		STREET ADDRESS	3725 NW 53 <sup>rd</sup> STREET	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTISON, BRAD		NAME		
STREET ADDRESS	3869 NW 52 ST.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNOFF, MALINDA		NAME		
STREET ADDRESS	3969 NW 52 ST.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFER, LEWIS		NAME	FIDKELSTEIN, DAVID	
STREET ADDRESS	3874 DEVON COURT SOUTH		STREET ADDRESS	3914 NW 53 <sup>rd</sup> STREET	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES, MAUREEN		NAME		
STREET ADDRESS	3767 NW 53 ST.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Maureen Chaves* *4/13/2006* *989-3679*