

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 015 \*\*\*\*\*70.00

**DOCUMENT # N22765**

1. Entity Name

DEVON PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO  
2104 COMMERCIAL TRAIL  
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO  
2104 COMMERCIAL TRAIL  
BOCA RATON FL 33486

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0043687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K. ISAACSON  
21045 COMMERCIAL TRAIL  
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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 SD ☐ Delete  
NAME FREDERIC, JAMES  
STREET ADDRESS 3725 NW 53RD STREET  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME MATTISON, BRAD  
STREET ADDRESS 3869 NW 52 ST.  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPD ☐ Delete  
NAME BARNOFF, MALINDA  
STREET ADDRESS 3969 NW 52 ST.  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME FIOKELSTEID, DAVID  
STREET ADDRESS 3914 NW 53RD STREET  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition  
NAME *Steve Picow*  
STREET ADDRESS *NW 52 St*  
CITY- ST- ZIP *Boca Raton FL 33496*

TITLE PD ☐ Delete  
NAME CHAVES, MAUREEN  
STREET ADDRESS 3767 NW 53 ST.  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #