

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33557

FILED
Apr 07, 2007
Secretary of State

Entity Name: DEVON GREEN AT AUDUBON RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

DEVON GREEN LANE
NAPLES, FL 34110

New Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0140746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT.
4306 ARNOLD AVE.
NAPLES, FL 34104 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: DS () Delete
Name: BLACKBURN, KAY
Address: 15268 DEVON GREEN LANE
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: FOX, GARY
Address: 15272 DOWN GREEN LANE
City-St-Zip: NAPLES, FL 34110

Title: DT () Delete
Name: CITTADINE, JACK
Address: 15284 DEVON GREEN LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FOX, GARY
Address: 15272 DEVON GREEN LANE
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: DISHER, STAN
Address: 15252 DEVON GREEN LANE
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change () Addition
Name: LANE, ELIZABETH
Address: 15304 DEVON GREEN LANE
City-St-Zip: NAPLES, FL 34110

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: GARY FOX

DP

04/07/2007

Electronic Signature of Signing Officer or Director

Date