

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 015 ****61.25

DOCUMENT # N41382

1. Entity Name
DEVONSHIRE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**830 3RD STREET SOUTH
NAPLES, FL 34102**

Mailing Address
**830 3RD STREET SOUTH
NAPLES, FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
54-1590711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIVELL, J. EARL
830 3RD STREET SOUTH
NAPLES, FL 34102**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COPENHAVER, MARTHA
305 PANORMA DRIVE
MARION, VA 24354** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
NISONGER, WILLIAM
1931 PINE RIDGE LANE
BLOOMFIELD HILLS, MI 48302** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WIVELL, J. EARL
830 3RD STREET SOUTH
NAPLES, VA 34102** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

J. EARL WIVELL
3/1/06 239-293-3826



ATTACHMENT
20013786

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

DEVONSHIRE CLUB CONDOMINIUM ASSOCIATION, INC.
830 3RD STREET SOUTH
NAPLES, FL 34102

SUBJECT: DEVONSHIRE CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N41382

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

*Bob
Hattner*

Kristen Eckel
Document Specialist

Letter Number: 306A00005411

*13 mins
9 mins
2 hours up*
by your system
1- Annual Report
2- Uniform Business Report

Please call if this is not right
2396490533
850-2456
We do not know what else you want
Kael

20013786



Division of Corporations

Annual Report

Annual Report Help

~~Document Number~~

N41382

Business Entity Name

DEVONSHIRE CLUB CONDOMINIUM ASSOCIATION, INC.

FEI Number	541590711		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

Principal Place of Business

Address 830 3RD STREET SOUTH
 Suite, Apt. #, etc.
 City, State NAPLES, FL
 Zip Code & Country 34102

Mailing Address

Address 830 3RD STREET SOUTH
 Suite, Apt. #, etc.
 City, State NAPLES, FL
 Zip Code & Country 34102

Name and Address of Registered Agent

Name (Last, First, Middle, Title) WIVELL, J. EARL

- OR -

Business to serve as RA

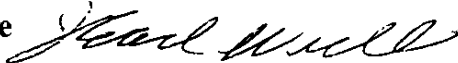
Address (PO Box is not acceptable) 830 3RD STREET SOUTH

Suite, Apt. #, etc.

City, State NAPLES, FL
 Zip Code & Country 34102 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) COPENHAVER, MARTHA, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 305 PANORMA DRIVE
City, State MARION, VA
Zip Code & Country 24354

Title DT
Name (Last, First, Middle, Title) NISONGER, WILLIAM, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 1931 PINE RIDGE LANE
City, State BLOOMFIELD HILLS, MI
Zip Code & Country 48302

Title DS
Name (Last, First, Middle, Title) WIVELL, J. EARL, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 830 3RD STREET SOUTH
City, State NAPLES, VA
Zip Code & Country 34102

Title

ATTACHMENT
20043784
#N41382

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

DS J. EARL WILSON
[Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.