

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001534

1. Entity Name
THE DEVILLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**794 SUNDIAL COURT
FT. WALTON BEACH, FL 32548**

Mailing Address
**PO BOX 1229
BREWTON, AL 36427 US**



04172007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
62-1452195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLEET, H B
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
OWENS, PAUL D JR
P O BOX 1229 - BELLEVILLE AVE
BREWTON, AL 36427**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLEY, JEAN
P.O. BOX 4973
FORT WALTON BEACH, FL 32549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DAVID, JOYCE
3525 N CAUSEWAY, SUITE 105
METAIRIE, LA 70002**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/01/07-80015-022-61.25

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: *Paul D Owens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07
Date

Daytime Phone #