

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

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03-31-2003 90119 008 \*\*\*\*61.25

<b>DOCUMENT # N93000001534</b>					
<b>1. Entity Name</b> <b>THE DEVILLE CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> <b>794 SUNDIAL COURT</b> <b>FT. WALTON BEACH FL 32548</b>			<b>Mailing Address</b> <b>PO BOX 4973</b> <b>FT WALTON BCH FL 32549</b> <b>US</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>62-1452195</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>FLEET, H B</b> <b>1201 N EGLIN PARKWAY</b> <b>SHALIMAR FL 32548</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD OWENS, PAUL D JR</b> <b>P O BOX 1229 - BELLEVILLE AVE</b> <b>BREWTON AL 36427</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jean Kelley</b> <b>P O BOX 4973</b> <b>FT. WALTON BEACH, FL 32549</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TARTY, SUE</b> <b>ROUTE 1 BOX 514</b> <b>TRENTON SC 29847</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DAVID, JOYCE</b> <b>3525 N CAUSEWAY, SUITE 105</b> <b>METAIRIE LA 70002</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			<b>3/21/03 251-867.7713</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PAUL D OWENS JR</b>			Date Daytime Phone #		

CR2E037 (10/02)