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

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

U	MILOKW BOZINE	22 KELOHI	(ARK)	_ ,	eci etai y	01.20	late	
DOCUMENT # N93000001534  1. Entity Name THE DEVILLE CONDOMINIUM ASSOCIATION, INC.					03-31-2003 9011	9 008 ****(	51.25	
Principal Place of Business 794 SUNDIAL COURT FT. WALTON BEACH FL 32548		Mailing Address PO BOX 4973 FT WALTON BCH FL 32549 US		1 (ABA)  A	1 1412 EURO 14 <del>88</del> okus euko e	iskal diseb siker dik	Fi <b>sim sini</b>	٠
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 62-	4. FEI Number 62-1452195 Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired 🔲	\$8.75 Addit		
6. Name and Address of Current Registe		legistered Agent	pred Agent		7. Name and Address of New Registered Agent			
المعالية المعادد بيان والميد بشرات الميد ا			Name	Name				
FLEET, H B			- Street Address	treet Address (P.O. Box Number is Not Acceptable)				
1201'N EGLIN PARKWAY SHALIMAR FL 32548			<u> </u>	<del></del>				
SEPALIMA	W L 35340					Y		
<u> </u>	•		City		Fl	Zip Code		
	named entity submits this statement for	the purpose of changing its req	gistered office or registe	ered agent, or both, in th			nd accept	
the obligat	lions of registered agent.	in principal and the second of			Carlot a billion of a con-			
SIGNATURE		-1					}	
BIGHATORE.	Signature, typed or printed name of registered agent su	rd title (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE		1	
	<del></del>	1	Also I					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	s Florida Department of State			
10. OFFICERS AND DIRECTORS		CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	RECTORS IN 1		_
NAME STREET ADDRESS CITY-ST-ZIP	PSTD OLICIA OWENS, PAUL D JR P O BOX 1229 - BELLEVILLE AVE BREWTON AL 38427		STREET REBIESS	Jean K	e 11ey	□ Change F1 3 L	Addition Sys	CRZE037 (10/02)
TITLE	D	Delete	TITLE		·	Change	☐ Addition	윉
NAME	TARITY, SUE	<b>/</b> '	NAME				ľ	_
STREET ADORESS CITY-ST-ZIP	ROUTE 1 BOX 514 TRENTON SC 29847		STREET ADDRESS CITY-ST-ZIP				- 1	
IME	VD	Oeleta	TITLE		<del></del>	Change	Addition	
NAME	DAVID, JOYCE	<u></u> . UCICIS	NAME	·	<del></del>	The state of the s		-
STREET ADDRESS	3525 N CAUSEWAY, SUITE 105		STREET ADDRESS				1	
CITY-ST-ZIP	METAIRIE LA 70002		CITY-ST-ZIP	-				
NAME		☐ Delete	TITLE NAME		• • •	Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				٠, ١	
TITLE		☐ Oeleta	TITLE		<u> </u>	Change	Addition	

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 cath; 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 is changed, or on an attachment with all other like empowered.

TITLE

STREET ADDRESS

CITY-ST-2IP

NAME

STREET ADDRESS

CITY-\$1-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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3/2/03

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251-867.771

Date Daytime Pho