

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 018 ****61.25

DOCUMENT # N93000005596 1. Entity Name DEVONSHIRE LAKES HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 8359 BEACON BLVD, #213 FORT MYERS, FL 33907 US			Mailing Address 21301 S TAMiami TRAIL SUITE 320 PMB 335 ESTERO FL 33928		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0460317				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYDEN, KENNETH W 8359 BEACON BLVD, #213 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-20-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	BO BROWN, GARY <input type="checkbox"/> Delete 12867 DEVONSHIRE LAKES CR. FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete SHOCKLEY, JOHN 12841 DEVONSHIRE LAKES CIR FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PEREZ, ARNIE 12761 DEVONSHIRE LAKES CIR FORT MYERS FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete YOUNGBLOOD, BARBARA 12877 DEVONSHIRE LAKES CIR. FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CORCORAN, JOHN 12792 DEVONSHIRE LAKES CR FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KILPATRICK, DON 12854 DEVONSHIRE LAKES CIR FORT MYERS FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H <input type="checkbox"/> Delete HOPKINS, BRANDI 12857 DEVONSHIRE LAKES CIR FORT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/14/06 DAYTIME PHONE # 274-0613		