FILE NOW: FILING FEE IS \$61.25

Jul 23 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Murtham + Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N9400006308 DEVONS CLEH HOMEOWHERS ASSOCIATION, Principal Place of Business Mailing Address % KIP. CORNELL MO H. P. CORHELL 3. Date Incorporated or Qualified 673 ASHBURY AU 673 AGHBURY AV. MELBOURKE, FL 3294D MELBOURUE, FL, 32940 4. FEI Number Applied For 59.2 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apl. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State Crty & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes ☐ No Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KEN METH W. CORNE Street Address (P.O. Box Number 82 83 84 MELGOURNE 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was as agent. I am tamiliar with, and accept the chligations of Section 617.0503, Thris is the above-named corporation submits this statement for the purpose of changing its registered into the difference by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENI TITLE ablaDIR ECTAL DELETE 1.1 TITLE ☐ Change NAME W(P= 12 NAME 7847 FALLING LEAF PL STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP VICE DRENDENT TITLE 2.1 TITLE Change ☐ Addition NAME **5000** MAWZ 22 NAME TEIT FALLING LEKE STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE CITY - ST - 2IP 2 4 CHY-ST-ZIP GECITREAS DIRECTOR DELETE 3 1 THILE ■ Addition Change NAME P. Cor KENMETH 3.2 NAME 673 ASHBUR STREET ADDRESS 3 3 STREET ADDRESS MECBOURNS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME

***81.25 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST- ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Change

☐ Change ☐ Addition

Addition

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