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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90134 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000006308**

1. Corporation Name  
**DEVONS GLEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business % K.P. CORNELL 673 ASHBURY AV MELBOURNE FL 32940 MS	Mailing Address % K.P. CORNELL 673 ASHBURY AV MELBOURNE FL 32940 US
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2. Principal Place of Business 21 <b>DGHOA, INC</b> Suite, Apt. #, etc. 22 <b>636 ASHBURY AVE</b> City & State 23 <b>MELBOURNE FL</b> Zip Country 24 <b>32940</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>DEVONS GLEN HOA, INC</b> Suite, Apt. #, etc. 27 <b>P.O. Box 410738</b> City & State 28 <b>MELBOURNE FL</b> Zip Country 29 <b>32941</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>12/28/1994</b>	4. FEI Number <b>59-3319968</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

**CORNELL, KENNETH**  
**673 ASHBURY AV**  
**MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81 Name **JOHN MCKINNEY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**636 ASHBURY AVE**  
83  
84 City **MELBOURNE** FL 85 Zip Code **32940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **1-14-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WISE, JEROME	
STREET ADDRESS	7847 FALLING LEAF PL	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWAIN, DOUG	
STREET ADDRESS	7817 FALLING LEAF PL	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	CORNELL, KENNETH P	
STREET ADDRESS	673 ASHBURY AV	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Provost	
1.3 STREET ADDRESS	642 Ashbury Ave	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID CARRASCO	
2.3 STREET ADDRESS	643 ASHBURY AVE.	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN MCKINNEY	
3.3 STREET ADDRESS	636 ASHBURY AVE.	
3.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CRAIG EAST	
4.3 STREET ADDRESS	648 ASHBURY AVE	
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EUGENE LYE	
5.3 STREET ADDRESS	720 ASHBURY AVE	
5.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-14-99** DAYTIME PHONE #: **407-242-5929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)