

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 003 ****61.25

DOCUMENT # N94000006308

1. Entity Name

DEVONS GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**DEVON'S GLEN
P.O. BOX 410738
MELBOURNE FL 32940
US**

**PO BOX 410738
MELBOURNE FL 32941
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNELL, KENNETH
673 ASHBURY AVENUE
MELBOURNE FL 32940**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **PROVOST, ROBERT**
CITY-ST-ZIP **642 ASHBURY AVE
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CHANDLER, CYNTHIA**
CITY-ST-ZIP **1213 FOXRIDGE PLACE
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CORNELL, KENNETH**
CITY-ST-ZIP **673 ASHBURY AVENUE
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BILLIOT, ROBERTO**
CITY-ST-ZIP **1256 FOXRIDGE PLACE
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **SOTO, REBECCA**
CITY-ST-ZIP **1225 FOXRIDGE PLACE
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARY E CORNELL**
CITY-ST-ZIP **673 ASHBURY AVE
MELBOURNE FL 32940**

TITLE ☒ Change ☐ Addition
NAME **Mary E. Cornell**
STREET ADDRESS **673 Ashbury Ave**
CITY-ST-ZIP **Melbourne, FL 32940**

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.

SIGNATURE: **K. SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-02 3214559400X1122

Date

Daytime Phone #

CR2E037 (9/01)