
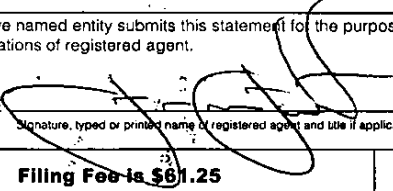



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90094 002 ****61.25

DOCUMENT # N94000006308 1. Entity Name DEVONS GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business DEVON'S GLEN P.O. BOX 410738 MELBOURNE, FL 32940 US				Mailing Address PO BOX 410738 MELBOURNE, FL 32941 US	
2. Principal Place of Business 6939 N. WICKHAM RD Suite, Apt. #, etc.		3. Mailing Address 6939 N. WICKHAM RD Suite, Apt. #, etc.			
City & State MELBOURNE FL		City & State MELBOURNE FL		4. FEI Number 59-3319968	
Zip 32940		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATOS, CANDACE 1228 FOXRIDGE PL MELBOURNE, FL 32940				7. Name and Address of New Registered Agent Name FRANCIS M. STEWART Street Address (P.O. Box Number is Not Acceptable) 6939 N. WICKHAM RD City MELBOURNE FL Zip Code 32940	
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  3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2005		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	T MCKINNEY, JOHN 642 ASHBURY AVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH P. CORNELL 673 ASHBURY AVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATOS, CANDACE 1228 FOXRIDGE PL MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT PROVOST 642 ASHBURY AVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIACOMELLI, KURT 1236 FOXRIDGE PL MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREAS. JON W. TOUCHSTONE 655 ASHBURY AVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, KEN 673 ASHBURY AVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JEFFREY NEWTON 648 ASHBURY AVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROVOST, ROBERT 642 ASHBURY AVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAYMOND FARSON 703 ASHBURY AVE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  KENNETH P. CORNELL 14MAR04 321455-9400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					