


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90085 023 \*\*\*\*61.25

**DOCUMENT # N94000006308**

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



Principal Place of Business      Mailing Address

**6939 N WICKHAM RD  
MELBOURNE FL 32940  
US**      **6939 N WICKHAM RD  
MELBOURNE FL 32940  
US**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For

**59-3319968**       Not Applicable

**6. Name and Address of Current Registered Agent**

**STEWART, FRANCIS M  
6939 N WICKHAM RD  
MELBOURNE, FL 32940**

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

**FILE NOW FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORNELL, KENNETH P	
STREET ADDRESS	673 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PROVOST, ROBERT	
STREET ADDRESS	642 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	STRE	<input checked="" type="checkbox"/> Delete
NAME	TOUCHSTONE, JON W	
STREET ADDRESS	655 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, JEFFREY	
STREET ADDRESS	648 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARSONN, RAYMOND	
STREET ADDRESS	703 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DELEGATE	<input type="checkbox"/> Delete
NAME	RAYMOND FARSONN	
STREET ADDRESS	703 ASHBURY AVE	
CITY-ST-ZIP	MELBOURNE, FL. 32940	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL W. MITCHELL	
STREET ADDRESS	745 ASHBURY AVE.	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL REINHOLD	
STREET ADDRESS	1224 FOX RIDGE PLACE	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB PADEN	
STREET ADDRESS	739 ASHBURY AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF NEWTON	
STREET ADDRESS	648 ASHBURY AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DELEGATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL WISE	
STREET ADDRESS	7847 FALLING LEAF PLACE	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DELEGATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO MATTOS	
STREET ADDRESS	1228 FOX RIDGE PLACE	
CITY-ST-ZIP	MELBOURNE, FL. 32940	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)