

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006308

FILED
Apr 06, 2009
Secretary of State

Entity Name: DEVONS GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6939 N WICKHAM RD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

6939 N WICKHAM RD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-3319968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PROVEST, ROBERT
Address: 642 ASHBURY AVE
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: AVITT, JOHN
Address: 744 ASHBURY AVE
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: PADEN, BOB
Address: 739 ASHBURY AVE
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: NEWTON, JEFFREY
Address: 648 ASHBURY AVE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: REINHOLD, BILL
Address: 1224 FOXRIDGE PL
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PROVEST

P

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date