

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000292

FILED
Apr 11, 2007
Secretary of State

Entity Name: DEVONSHIRE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 347795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 347795044

New Mailing Address:

FEI Number: 59-3387616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: GORE, TOM
Address: 2114 TURNBRIDGE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: YOUNG, HOWARD
Address: 3712 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: BOWEN, HOWARD
Address: 3643 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: KETAY, LOIS
Address: 3613 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: STEIN, LEE
Address: 3706 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: THOMPSON, MADLYN
Address: 3611 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

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

Title: D (X) Change () Addition
Name: LINDEMANN, WILLIAM
Address: 3718 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM GORE

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date