

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** N99000002033

**1. Entity Name**  
DEVON PARK MASTER OWNERS ASSOCIATION INC.

**FILED**

02 MAR -8 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
201 N. New York Ave.

**3. Mailing Address**  
201 N New York Ave.

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

DO NOT WRITE IN THIS SPACE

City & State  
Winter Park, FL

City & State  
Winter Park, FL

**4. FEI Number**  
59-3676750

Applied For  
Not Applicable

Zip  
32789

Country  
USA

Zip  
32789

Country  
USA

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Douglas A. Hoeksema

Street Address (P.O. Box Number is Not Acceptable)

201 N. New York Ave. #200

City  
Winter Park

FL

Zip Code  
32789

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

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hoeksema, Douglas A. 201 N. New York Ave. #200 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gaherty, Robert 201 N. New York Ave. #200 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Zanowick, Joan 201 N. New York Ave. #200 Winter Park, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

**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 of an attachment with an address, with all other like empowered.

SIGNATURE: *Joan C Zanowick* *Joan C Zanowick* 2/26/02