## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001734

Entity Name: DEVON PLACE HOMEOWNERS' ASSOCIATION OF SEMINOLE,

INC.

FILED
Mar 21, 2018
Secretary of State
CC9449079438

## **Current Principal Place of Business:**

932 N. MAITLAND AVE.

STE A

MAITLAND, FL 32751

## **Current Mailing Address:**

C/O TOP NOTCH MANAGEMENT SERVICES 932 N. MAITLAND AVE. STE A MAITLAND, FL 32751 US

FEI Number: 34-1982590 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TOP NOTCH MANAGEMENT SERVICES C/O TOP NOTCH MANAGEMENT SERVICES 932 N. MAITLAND AVE. STE A MAITLAND, FL 32751 US

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: MARILYN VINCE 03/21/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title VP

Name SHEARER, MARY Name DECIA, JUDITH

Address C/O TOP NOTCH MANAGEMENT Address C/O TOP NOTCH MANAGEMENT

SERVICES SERVICES

932 N. MAITLAND AVE. STE A 932 N. MAITLAND AVE. STE A

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title PRESIDENT Title SECRETARY

Name NGUYEN, NGA (NINA) Name FRANCO, CAROLYN

Address C/O TOP NOTCH MANAGEMENT Address C/O TOP NOTCH MANAGEMENT

SERVICES SERVICES

932 N. MAITLAND AVE. STE A 932 N. MAITLAND AVE. STE A

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title TREASURER Title MANAGER

Name TYURYAYEVA, NATALYA Name VINCE, MARILYN

Address C/O TOP NOTCH MANAGEMENT Address C/O TOP NOTCH MANAGEMENT

SERVICES SERVICES

932 N. MAITLAND AVE. STE A 932 N. MAITLAND AVE. STE A

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

I hereby 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 all other like empowered.

SIGNATURE: MARILYN VINCE MANAGER 03/21/2018