

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006308

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

**Current Principal Place of Business:**

928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**Current Mailing Address:**

928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 US

**FEI Number: 59-3319968**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPACE COAST PROPERTY MANAGEMENT OF BREVARD  
928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PHAN, HUE  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           VP  
Name           STARK, JORDAN  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           SEC  
Name           CLAWSON, KEN  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           PRES  
Name           LIGHT, CHRISTINA  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           DAL  
Name           JOHNSON, NANCY  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           ARC  
Name           LIGHT, ROB  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           DAL  
Name           TAYLOR, TRACIE  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title           DAL  
Name           BADURE, MARIA  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

*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: HUE PHAN**

**TREASURER**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date