

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34493 (9)
1. Corporation Name
DEVON CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business 4373 ROCK ISL RD LAUDERHILL FL 33319 US	Mailing Address 4373 ROCK ISL RD LAUDERHILL FL 33319 US
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3. Date Incorporated or Qualified 10/02/1989	
4. FEI Number 65-0205526	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BELLMAN, ROSLYN
7270 S. DEVON DR.
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME STREET ADDRESS CITY-ST-ZIP	GALLOWAY, ELAINE 7280 S. DEVON DR. TAMARAC FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T PURNICK, MILDRED 7308 S DEVON DR TAMARAC FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME STREET ADDRESS CITY-ST-ZIP	KRULL, DORIS 7288 S. DEVON DR. TAMARAC FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD STERN, MYRON 7298 S. DEVON DR TAMARAC FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME STREET ADDRESS CITY-ST-ZIP	PURETZ, AL 7270 S. DEVON DR. TAMARAC FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	BELLMAN, ROZ 7312 S. DEVON DR. TAMARAC FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP GALLOWAY, ELAINE 7280 S. DEVON DR. TAMARAC FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	STERN, MYRON 7298 S. DEVON DR. TAMARAC FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP DAVIS, ALLEN 7276 S. DEVON DR TAMARAC, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myron Stern 3/11/98

CR2E037 (10/97)