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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34493

1. Corporation Name  
DEVON CONDOMINIUM A ASSOCIATION, INC.

Principal Place of Business: 4979 ROCK ISL RD LAUDERHILL FL 33019 US  
Mailing Address: 4979 ROCK ISL RD LAUDERHILL FL 33319 US



2. Principal Place of Business: 21 No Castle Group, Suite, Apt. #, etc. 22 P.O. Box 189013, City & State 23 Plantation FL, Zip 24 33318, Country 25  
2a. Mailing Address: 26 No Castle Group, Suite, Apt. #, etc. 27 P.O. Box 189013, City & State 28 Plantation FL, Zip 29 33318, Country 30  
3. Date Incorporated or Qualified: 10/02/1989  
4. FEI Number: 65-0205526, Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees

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: 81 Name: Castle Property Services Group, Inc., 82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd., 83 Suite 100, 84 City: Plantation FL, 85 Zip Code: 33313

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: *Gail H. Sangunett* Gail H. Sangunett, Vice President 1/13/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS: 1.1 TITLE: T, 1.2 NAME: PURNICK, MILDRED, 1.3 STREET ADDRESS: 7308 S DEOVN DR, 1.4 CITY-ST-ZIP: TAMARAC FL  
2.1 TITLE: PD, 2.2 NAME: STERN, MYRON, 2.3 STREET ADDRESS: 7298 S DEVON DR, 2.4 CITY-ST-ZIP: TAMARAC FL  
3.1 TITLE: SD, 3.2 NAME: PURETZ, AL, 3.3 STREET ADDRESS: 7270 S. DEVON DR., 3.4 CITY-ST-ZIP: TAMARAC FL  
4.1 TITLE: VP, 4.2 NAME: GALLOWAY, ELAINE, 4.3 STREET ADDRESS: 7280 S DEVON DR, 4.4 CITY-ST-ZIP: TAMARAC FL  
5.1 TITLE: VP, 5.2 NAME: DAVIS, ALLEN, 5.3 STREET ADDRESS: 7276 S DEVON DR, 5.4 CITY-ST-ZIP: TAMARAC FL  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 4.1 TITLE: VD, 4.2 NAME: HORN, RONALD, 4.3 STREET ADDRESS: 7278 S. DEVON DR., 4.4 CITY-ST-ZIP: TAMARAC FL

14. 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 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, with all other like empowered.

SIGNATURE: *Myron Stern* Myron Stern, President 1/13/99 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)