2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # N34493



FILED Apr 28, 2004 8:00 am

1. Entity Name						04-28-2004 90256 004 ****61.25				
DEVON (CONDOMINIUM A AS	SSOCIATION, II	NC.							
Principal Plac	ce of Business	Mailin	g Address	· · · ·						
C/O CASTLE GROUP PO BOX 189013 PLANTATION FL 33318 P		PQ B0	C/O CASTLE GROUP PO BOX 189013 PLANTATION FL 33318 US			Diadhliù een iiii en ii ekk	0 JULIU IIII DISTE OLOTI OLOTI		III II	
2. Principal Place of Business 3. N		3. Mail	Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			MOORE CR2E037 (11/03)				
City & State			City & State		4. FEIN	65-0205		No	plied For t Applicable	
Zip	Country	Zip		Country		ficate of Status Desir	Fee F	75 Add Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name					
CASTLE MGMT INC 4450 W SUNRISE BLVD						to the second				
				Street At	duless (P.O. Box r	Number is Not Accep				
	E 100 NTATION FL 33313									
				City			FL Z	ip Code	•	
				-			151 11 1	-		
	e named entity submits this st	atement for the purp	ose of changing its re	egistered office or	registered agent,	or both, in the State of	of Florida. Tam famili	ar with, a	and accept	
	e named entity submits this st tions of registered agent.	atement for the purp	ose of changing its re	egistered office or	registered agent,	or both, in the State of	of Florida. I am famili	ar with, a	and accept	
					registered agent,		of Florida. I am famili:	ar with, i	and accept	
the obligat	tions of registered agent.	gistered agent and title if app		Registered Agent signati Daign Financing		(ing) May Be		yable:	to .	
the obligat	Signature, typed or printed name of rec FILE NOW: FEE IS \$6 Due By May 1, 2004	gistered agent and title if app	flicable (NOTE: F	Registered Agent signati Daign Financing	stee required when reinstate \$5.00 in Added to	(ing) May Be	DATE Make Check Parorida Departmen	yable nt of S	to itate	
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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 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 954-721 6321

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 🔑

STREET ADDRESS

GALLOWAY, ELAINE 7280 S. DEVON DR.

TAMARAC, FL

Daytime Phone #