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**95 APR 20 PM 12:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortherm  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N44802 (9)**

1. Corporation Name

**DEVON CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

**4373 ROCK ISL RD  
LAUDERHILL FL 33319  
US**

Mailing Address

**4373 ROCK ISL RD  
LAUDERHILL FL 33319  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1991** 3a. Date of Last Report **04/19/1994**

4. FEI Number **65-0271721** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 159.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**PUTTERMAN, LAWRENCE  
7367 N DEVON DR  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PUTTERMAN, LAWRENCE</b>
STREET ADDRESS	<b>7367 N. DEVON DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>VPD</b>
NAME	<b>GREENBERG, SAMUEL V.</b>
STREET ADDRESS	<b>7405 N. DEVON DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>STD</b>
NAME	<b>KLIGMAN, BEATRICE</b>
STREET ADDRESS	<b>7389 N. DEVON DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GREENBERG, SAM</b>	
1.3 STREET ADDRESS	<b>7405 N. DEVON DRIVE</b>	
1.4 CITY-ST-ZIP	<b>TAMARAC FL</b>	
2.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KLIGMAN, BEA</b>	
2.3 STREET ADDRESS	<b>7389 NORTH DEVON DRIVE</b>	
2.4 CITY-ST-ZIP	<b>TAMARAC FL</b>	
3.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KRAHAM, NORMAN</b>	
3.3 STREET ADDRESS	<b>7371 NORTH DEVON DRIVE</b>	
3.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Samuel V. Greenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 9 - 1995*

Date

Telephone #