

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36541** (3)

1. Corporation Name

DEVON CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O CAMBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND RD.
LAUDERHILL FL 33319
US

C/O CAMBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND RD.
LAUDERHILL FL 33319
US

3. Date Incorporated or Qualified

02/05/1990

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOKOLOFF, SHIRLEY
7331 S. DEVON DRIVE
TAMARAC FL 33321**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

WEISSMAN, JOE

STREET ADDRESS

7302 SOUTH DEVON DRIVE

CITY - ST - ZIP

TAMARAC FL

TITLE

DV

☐ DELETE

NAME

WEINOWITZ, HENRY

STREET ADDRESS

7273 SOUTH DEVEON DRIVE

CITY - ST - ZIP

TAMARAC FL

TITLE

VD

☐ DELETE

NAME

GERALD MOGOLOWITZ

STREET ADDRESS

7291 S. DEVON DRIVE

CITY - ST - ZIP

TAMARAC FL

TITLE

S

☐ DELETE

NAME

EINSTEIN, LIL

STREET ADDRESS

7319 SOUTH DEVEON DRIVE

CITY - ST - ZIP

TAMARAC FL

TITLE

T

☐ DELETE

NAME

KARP, ROBERT

STREET ADDRESS

7293 S. DEVON DR.

CITY - ST - ZIP

TAMARAC FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☒ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

S

BORGER, HY

7297 SOUTH DEVON DRIVE

TAMARAC FL

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)