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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36541 (3)

1. Corporation Name
DEVON CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business C/O CAMBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD. LAUDERHILL FL 33319 US	Mailing Address C/O CAMBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD. LAUDERHILL FL 33319-4520 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/05/1990	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0237776	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOKOLOFF, SHIRLEY
7331 S. DEVON DRIVE
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 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		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEISSMAN, JOE	
STREET ADDRESS	7302 SOUTH DEVON DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEINOWITZ, HENRY	
STREET ADDRESS	7273 SOUTH DEVEON DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERALD MOGOLOWITZ	
STREET ADDRESS	7291 S. DEVON DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BORGER, HY	
STREET ADDRESS	7297 SOUTH DEVON DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KARP, ROBERT	
STREET ADDRESS	7293 S. DEVON DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COHEN, MARTY	
1.3 STREET ADDRESS	7285 S. DEVON DR	
1.4 CITY-ST-ZIP	TAMARAC, FL	
2.1 TITLE	dv	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARGER, SEYMOUR	
2.3 STREET ADDRESS	7321 S. DEVON DR	
2.4 CITY-ST-ZIP	TAMARAC, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHULMAN, BERNARD	
3.3 STREET ADDRESS	7327 S. DEVON DR	
3.4 CITY-ST-ZIP	TAMARAC, FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EINSTEIN, WILLIAM	
4.3 STREET ADDRESS	7319 S. DEVON DR	
4.4 CITY-ST-ZIP	TAMARAC, FL	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BORGER HY	
5.3 STREET ADDRESS	7292 S. DEVON DR	
5.4 CITY-ST-ZIP	TAMARAC, FL	
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 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 or changed, or on in statement with an address.

SIGNATURE: *Marty Cohen* **MARTY H. COHEN - 4/7/97** **954-721-0039**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0035079

CR2E037 (9/96)