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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/05/1990

4. FEI Number

65-0237776

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MARTY	
STREET ADDRESS	7285 S DEVON DR	
CITY-ST-ZIP	TAMARAC FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KARGER, SEYMOUR	
STREET ADDRESS	7321 S DEVON DR	
CITY-ST-ZIP	TAMARAC FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULMAN, BERNARD	
STREET ADDRESS	7327 S DEVON DR	
CITY-ST-ZIP	TAMARAC FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EINSTEIN, WILLIAM	
STREET ADDRESS	7319 S DEVON DR	
CITY-ST-ZIP	TAMARAC FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BORGER, HY	
STREET ADDRESS	7929 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	ABRAMOWITZ, EMANUEL	
1.3 STREET ADDRESS	7309 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	WEINBERG, ABRAHAM	
2.3 STREET ADDRESS	7283 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	BELDENGREEN, EDYTHE	
3.3 STREET ADDRESS	7303 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	PRAGER, SHIRLEY	
4.3 STREET ADDRESS	7279 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	SMITH, DORIS	
5.3 STREET ADDRESS	7333 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 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.

SIGNATURE

Emanuel Abramowitz

B-10-98

CR2E037 (10/97)