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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44802

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**



2. Principal Place of Business

21 90 Castle Group

Suite, Apt. #, etc.

22 P.O. Box 189013

City & State

23 Plantation FL

Zip Country

24 33318 25

2a. Mailing Address

26 90 Castle Group

Suite, Apt. #, etc.

27 P.O. Box 189013

City & State

28 Plantation FL

Zip Country

29 33318 30

3. Date Incorporated or Qualified

08/22/1991

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

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 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 **PD** ☐ DELETE
NAME **GREENBERG, SAMUEL**
STREET ADDRESS **7405 N DEVON DR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VPD** ☐ DELETE
NAME **KLINGMAN, MORRIS**
STREET ADDRESS **7389 N DEVON DR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **STD** ☒ DELETE
NAME **KRAHAM, NORMAN**
STREET ADDRESS **7371 N DEVON DR**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**STD
Putterman, Muriel
7367 N. Devon Dr.
TAMARAC FL**

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, with all other like empowered.

SIGNATURE:

Samuel Greenberg, President

Date

Daytime Phone #

(404) 792-6000

CR2E037 (1/98)