

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90032 037 ****61.25

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DOCUMENT # N49544

1. Corporation Name

DEVON CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business

**4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319
US**

Mailing Address

**4373 ROCK ISLAND ROAD
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

06/24/1992

4. FEI Number

65-0351433

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CAMPBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name Castle Property Svc. Group Inc.**82 Street Address (P.O. Box Number is Not Acceptable)****4450 W. Sunrise Blvd.****83 Suite 100****84 City Plantation****FL****85 Zip Code 33313**

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

*Paul H. Sanguette**Gail H. Sanguette, Vice President - Admin.***1/11/99**

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 ☐ DELETE**PD
NAME HATTMAN, HARRY
STREET ADDRESS 7456 N DEVON DR
CITY-ST-ZIP TAMARAC FL**TITLE ☐ DELETE**VPD
NAME COHEN, LESTER
STREET ADDRESS 7450 N DEVON DR
CITY-ST-ZIP TAMARAC FL**TITLE ☐ DELETE**TD
NAME DITMAN, JULIUS
STREET ADDRESS 7394 N DEVON DR
CITY-ST-ZIP TAMARAC FL**TITLE ☐ DELETE**D
NAME HOLLAND, ABNER
STREET ADDRESS 7402 N DEVON DR
CITY-ST-ZIP TAMARAC FL**TITLE ☐ DELETE**SD
NAME KRAUSE, SYLVIA
STREET ADDRESS 7410 N DEVON DR
CITY-ST-ZIP TAMARAC FL**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 Hattman, Charley**

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

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:

Charley Hattman, Pres. **1/13/99** **(954) 792-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)