FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36541

Corporation Name

DEVON CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business

6/O CAMBELL PROPERTY MANAGEMENT>
4979 ROCK ISLAND RD.
LAUDERHILL FL 33319

Mailing Address

C/O CAMBELL PROPERTY MANAGEMENT 4273 ROCK ISLAND RD. LAUDERHILL FL 33319

US

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90032 039 ****61.25



00		50							
2. Principal Pi	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		-		
	LASHE Group	- 0 0 · · · ·	2000		02/05/1990				
Suite, Apt.		Suite, Apt. #, etc.	 -		4. FEI Number		Appi	ed For	
_ ^ -	BM 189013	27 P.O. B+4 18	9013		65-0237776	•	Not A	Applicable	
City & State		City & State			5 Continue of Status Desired		\$8.75 Ad	ditional	
	ption R	28 Mantation	FL		5. Certifcate of Status Desired		Fee Req	ured	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	lay Be	
24 333	18 25	29 33318	30		Trust Fund Contribution	<u></u>	Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				⁸¹ Name Castle Property Services Group, Inc.					
SOKOLOFF, SHIRLEY									
7331 S. DEVON DRIVE				Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Bivd.					
TAMARAC FL 93321			83	Suite 100					
1 AMIA GAO	I C USAGE		84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip Co	de	
				Pla	antation	FL	333		
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									
11. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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.									
-	Perill direct	Gaill	H. San	gunett.	Vice President	1/13/99			
SIGNATURE	Signature, typed or printed hame of hybistered agent a	<u> </u>		nt signature require	d when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF				
TITLE	DP	DELETE	1.1 TITLE	67		i	Change	Addition	
NAME	ABRAMOWITZ, EMANUEL 12		1.2 NAME	Fi	leer, Horoly				
STREET ADDRESS	7309 S DEVON DR		1.3 STREE	TADDRESS 12	875. Devoil Dr.				
CITY-ST-ZIP	TAMARAC FL		1.4 CITY- S	T-ZIP TR	marac, FL				
TITLE	DV	☐ DELETE	2.1 TITLE	Δ)			Change	☐ Addition	
NAME	WEINBERG, ABRAHAM		2.2 NAME	, , ,			•		
STREET ADDRESS	7283 S DEVON DR		2.3 STREE	T ADDRESS	•				
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-	ST-ZIP	·	<u> </u>			
TITLE	VD	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	BELDENGREEN, EDYTHE		3.2 NAME						
STREET ADDRESS	7303 S DEVON DR		3.3 STREE	TADDRESS				Ì	
CITY-ST-ZIP	TAMARAC FL	_	3.4. CITY-						
TITLE	S	DELETE	4.1 TITLE				Change	Addition	
NAME	EINSTEIN. WILLIAM		4. 2 NAME	Ro	stman, Shirly frague				
STREET ADDRESS	7319 S DEVON DR		4.3 STREE	TADDRESS 12	stman, strictly frager.				
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-5	ST-ZIP T	AMARAC R			· .	
TITLE	T	☐ DELETE	5.1 TITLE	T			Change	☐ Addition	
NAME	SMITH. DORIS		5.2 NAME	'-	-				
STREET ADDRESS	7333 S DEVON DR		5.3 STREE	TADORESS					
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-5	ST-ZIP					
TITLE	TANGETT L	☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME		•				
	}		6.3 STREE	T ADDRESS					
STREET ADDRESS								•	

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:

SIGNATURE AND TYPED OF RINDED NAME OF SIGNING OFFICER OR DIRECTOR

dest /13/99

Daytime Phone #

CKZE037 (11/98)