

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44802

1. Entity Name

DEVON CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
PO BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE GROUP
PO BOX 189013
PLANTATION FL 33318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0271721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT INC.
4450 W SUNRISE BLVD
STE C-100
PLANTATION FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS BERLINER, ARTHUR
CITY-ST-ZIP 7365 N. DEVON DRIVE
TAMARAC FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS REINHARDT, TEDDY
CITY-ST-ZIP 7391 N DEVON DRIVE
TAMARAC FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME STD
STREET ADDRESS SCHNEIDER, MOLLIE
CITY-ST-ZIP 7401 N DEVON DRIVE
TAMARAC FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS GREENBERG, SAMUEL
CITY-ST-ZIP 7405 N. DEVON DRIVE
TAMARAC FL ☒ Delete

TITLE
NAME D
STREET ADDRESS PUTTERMAN, MURIEL
CITY-ST-ZIP 7367 N. DEVON Dr.
TAMARAC, FL ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS SOHN, SHIRLEY
CITY-ST-ZIP 7395 N. DEVON Dr.
TAMARAC, FL ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ARTHUR BERLINER
PRES. 1-18-2002



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)