

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

104

DOCUMENT # N36541

1. Entity Name

DEVON CONDOMINIUM D 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

65-0237776

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 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEINOWITZ, HENRY ☐ Delete
STREET ADDRESS 7273 S. DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME COHEN, MARTY ☒ Delete
STREET ADDRESS 7285 S. DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME BELDENGREEN, EDYTHE ☐ Delete
STREET ADDRESS 7303 S DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE SD
NAME SANDHAUS, PHYLLIS ☒ Delete
STREET ADDRESS 7325 S. DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE TD
NAME SMITH, DORIS ☐ Delete
STREET ADDRESS 7333 S DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME BELDENGREEN, EDYTHE ☒ Delete
STREET ADDRESS 7303 S. DEVON DR
CITY-ST-ZIP TAMARAC FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE VD
NAME SCHULMAN, ROSALYN ☐ Change ☒ Addition
STREET ADDRESS 7327 S. DEVON DR
CITY-ST-ZIP TAMARAC, FL 33321

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: Henry Weinowitz **PRES HENRY WEINOWITZ** **4-13-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #