

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

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

04-28-2004 90256 010 ****61.25

DOCUMENT # N49544

1. Entity Name

DEVON CONDOMINIUM G 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

65-0351433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE CR2E037 (11/03)

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 HATTMAN, CHARLES ☒ Delete
STREET ADDRESS 7456 N DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME MONNDODITZ, STAN ☐ Delete
STREET ADDRESS 7422 N DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE D
NAME HATTMAN, RITA ☒ Delete
STREET ADDRESS 7456 N DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE VSD
NAME ALTMARK, ALBERT ☐ Delete
STREET ADDRESS 7440 N DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE TD
NAME KAPLAN, ROBERTA ☐ Delete
STREET ADDRESS 7444 N DEVON DR
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Lustig, Sandy
STREET ADDRESS 7418 North Devon Drive
CITY-ST-ZIP Tamarac, FL

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

TITLE SD ☐ Change ☒ Addition
NAME Levin, Ira
STREET ADDRESS 7398 North Devon Drive
CITY-ST-ZIP Tamarac, FL

TITLE PD ☒ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #