


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

Devon Condominium

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90117 047 \*\*\*\*61.25

**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

**50051304**



2. Principal Place of Business  
 C/O CASTLE GROUP  
 Suite, Apt. #, etc.  
 12270 SW 3RD STREET  
 City & State  
 PLANTATION, FL

3. Mailing Address  
 C/O CASTLE GROUP  
 Suite, Apt. #, etc.  
 P.O. BOX 559009  
 City & State  
 FT. LAUDERDALE, FL

03082005 Chg-NP CR2E037 (10/03)

Zip  
 33325 Country

Zip  
 33355-9009 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  
**CASTLE MANAGEMENT INC**  
**4450 W SUNRISE BLVD**  
**STE C-100**  
**PLANTATION, FL 33313**

7. Name and Address of New Registered Agent

Name (CHANGE ADDRESS ONLY)

Street Address (P.O. Box Number is Not Acceptable)  
 12270 SW 3RD STREET

City  
 PLANTATION **FL** Zip Code  
 33325

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERLINER, ARTHUR 7365 N DEVON DRIVE TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUTTERMAN, MURIEL 7367 N. DEVON DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHNEIDER, MOLLIE 7401 N DEVON DRIVE TAMARAC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Arthur Berliner* **5-4-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #