Devon Condominium

FILED

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jun 08, 2005 8:00 am **Secretary of State DOCUMENT # N49544** 06-08-2005 90003 014 ****61.25 DEVÓN CONDOMINIUM G ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CASTLE GROUP C/O CASTLE GROUP PO BOX 189013 PO BOX 189013 PLANTATION, FL 33318 PLANTATION, FL 33318 2. Principal Place of Business 3. Mailing Address C/O CASTLE GROUP C/O CASTLE GROUP Suite, Apt. #, etc. Suite, Apt. #, etc. 03082005 CR2E037 (10/03) 12270 SW 3RD STREET P.O. BOX 559009 4. FEI Number 65-0351433 City & State Applied For City & State Not Applicable PLANTATION, FL FT. LAUDERDALE, F Country \$8.75 Additional Ζip Zip Country 5. Certificate of Status Desired Fee Required 33325 33355-9009 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (CHANGE ADDRESS ONLY) CASTLE MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4450 W SUNRISE BLVD **STE 100** 12270 SW 3RD STREET PLANTATION, FL 33313 City **PLANTATION** 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 \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD D TITLE Delete TITLE ★ Change ☐ Addition LUSTIG, SANDY NAME NAME 7418 NORTH DEVON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP X Delete 2VP TITLE MLE ☐ Change **□** Addition NAME MOSKOWITZ, STAN JANIVER, JOSEPH NAME 7422 N DEVON DR 7446 N. DEVON DR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP TAMARAC, FL 33321 SD 1VP/S ☐ Delete Change TITLE Addition LEVIN, IRA NAME NAME 7398 NORTH DEVON DR. STREET ADORESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP PD TILE ☐ Delete TITLE ☐ Change Addition ALTMARK, ALBERT NAME STREET ADDRESS 7440 N DEVON DR STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP TITLE TD ☐ Delete TIBE ☐ Change Addition KAPLAN, ROBERTA NAME NAME STREET ADDRESS 7444 N DEVON DR STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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: