


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90285 001 ***490.00

DOCUMENT # N36541					
1. Entity Name DEVON CONDOMINIUM D ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST PLANTATION, FL 33325 US			Mailing Address C/O CASTLE GROUP PO BOX 559009 PLANTATION, FL 33355-9009 US		
2. Principal Place of Business - No P.O. Box # [CORRECT CITY/ZIP ONLY]		3. Mailing Address Suite, Apt. #, etc.			
City & State FORT LAUDERDALE, FL		City & State		02152007 Chg-NP CR2E037 (12/06)	
Zip 33355		Country		4. FEI Number 65-0237776	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET PLANTATION, FL 33325			7. Name and Address of New Registered Agent Name HENRY WEINOWITZ Street Address (P.O. Box Number is Not Acceptable) 7273 S DEVON DRIVE City TAMARAC FL Zip Code 33321		
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: <u><i>Henry Weinowitz</i></u> <u><i>HENRY WEINOWITZ</i></u> <u><i>5/23/07</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINOWITZ, HENRY 7273 S. DEVON DR TAMARAC, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELDENGREEN, EDYTHE 7303 S DEVON DR TAMARAC, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDHAUS, PHYLLIS 7325 S. DEVON DR TAMARAC, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DORIS 7333 S DEVON DR TAMARAC, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULMAN, ROSALYN 7327 S. DEVON DR. TAMARAC, FL 33321	2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Henry Weinowitz</i></u> <u><i>HENRY WEINOWITZ</i></u> <u><i>5/23/07</i></u> <u><i>954-726-3833</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					