
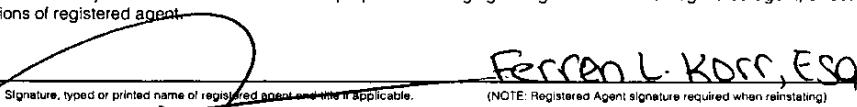
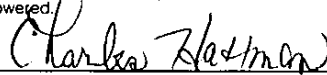


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90285 001 ***490.00

DOCUMENT # N49544					
1. Entity Name DEVON CONDOMINIUM G ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US			Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355-9009 US		
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET PLANTATION, FL 33325			Name KATZMAN & KORR		
			Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49TH STREET		
			Suite 202		
			City FORT LAUDERDALE FL		Zip Code 33309
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 time if applicable. (NOTE: Registered Agent signature required when reinstating)		5/17/07 DATE	
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	VPD HATTMAN, CHARLES 7455 N DEVON DR FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COCOZZELLI, JENNIE 7434 N DEVON DR FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		7456 N DEVON DR TAMARAC, FL 33321 2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, IRA 7398 NORTH DEVON DR. TAMARAC, FL	<input type="checkbox"/> Delete		TAMARAC, FL 33321 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTMAN, PATRICIA 7450 N DEVON DR FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAPLAN, ROBERTA 7444 N DEVON DR TAMARAC, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: CHARLES HATTMAN		 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-9-07 Date	
				726-8446 Daytime Phone #	

66017131



02152007 Chg-NP CR2E037 (12/06)