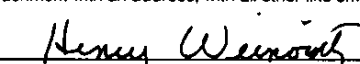


Devon Condominium D Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90095 001 ***306.25

DOCUMENT # N36541			
1. Entity Name DEVON CONDOMINIUM D ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33355 US		Mailing Address C/O CASTLE GROUP PO BOX 559009 PLANTATION, FL 33355-9009 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. [CORRECT CITY ONLY]		3. Mailing Address [CORRECT CITY/ZIP ONLY] Suite, Apt. #, etc.	
City & State PLANTATION, FL		City & State FORT LAUDERDALE, FL	
Zip 33325		Zip 33355	
Country		Country	
4. FEI Number 65-0237776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02132008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WEINOWITZ, HENRY 7273 S DEVON DRIVE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name KATZMAN & KORR, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49TH STREET 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  LEIGH C. KATZMAN, ESQ. 04-17-08 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELDENGREEN, EDYTHE 7303 S DEVON DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <input checked="" 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SCHULMAN, ROSALYN 7327 S. DEVON DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete	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"/> Delete	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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-28-08 954 726-3833 Date Daytime Phone #	