

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36541

**Entity Name:** DEVON CONDOMINIUM D ASSOCIATION, INC.**Current Principal Place of Business:**

% CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

% CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number:** 65-0237776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL & BERGER  
5297 W. COPANS RD.  
MARGATE, FL 33063 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 1ST VP  
Name WEINOWITZ, HENRY  
Address % CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name SANDHAUS, PHYLLIS  
Address % CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name STAHL, SIMONE  
Address % CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title 2ND VP  
Name FELIX , ROSALIE  
Address % CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name WALDMAN, DAVID  
Address % CONSOLIDATED COMMUNITY  
MANAGEMENT  
7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIMONE STAHL

PRES

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date