## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44802

Entity Name: DEVON CONDOMINIUM I ASSOCIATION, INC.

**FILED** Mar 05, 2024 **Secretary of State** 2011625434CC

PHOENIX MANAGMENTSERVICES,

## **Current Principal Place of Business:**

PHOENIX MANAGMENTSERVICES, INC. 7682 NORTH NOB HILL ROAD TAMARAC, FL 33321

## **Current Mailing Address:**

PHOENIX MANAGMENTSERVICES, INC. 7682 NORTH NOB HILL ROAD TAMARAC, FL 33321 US

FEI Number: 65-0271721 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RACHEL E. FRYDMAN, PA 9825 MARINA BOULEVARD SUITE 100 BOCA RATON, FL 33428 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: RACHEL FRYDMAN 03/05/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title DIRECTOR Title **TREASURER** 

Name ROVNER, CAROL Name SARASKY, HELEN

> PHOENIX MANAGMENTSERVICES, Address

INC. INC. 7682 NORTH NOB HILL ROAD 7682 NORTH NOB HILL ROAD

TAMARAC FL 33321 TAMARAC FL 33321 City-State-Zip:

City-State-Zip:

Title **SECRETARY** Title **PRESIDENT** 

DAVIDSON, LORI MALEK, MATEEN Name Name

Address PHOENIX MANAGMENTSERVICES, Address PHOENIX MANAGMENTSERVICES, INC.

7682 NORTH NOB HILL ROAD 7682 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 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.