

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N49544

**Entity Name:** DEVON CONDOMINIUM G ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0351433

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PETERS & PETERS, P.A. ATTORNEYS AT LAW  
9900 STIRLING ROAD  
SUITE 104  
COOPER CITY, FL 33024 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:** KEVIN G. PETERS, ESQ.

**08/19/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 2ND VP  
Name HATTMAN, RITA  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name GOLDSTEIN, RENEE  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name DEVITO, JUNE  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title 1ST VP  
Name KAPLAN, ROBERTA  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name LEACOCK L., ESTHER  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 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:** LEACOCK L. ESTHER

**PRESIDENT**

**08/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date