

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49544

**FILED**  
**Feb 24, 2023**  
**Secretary of State**  
**9550942306CC**

**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  
10400 GRIFFIN ROAD  
SUITE 108  
COOPER CITY, FL 33328 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.

02/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name ALTMAN, PATRICIA  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name STEIN, AMY  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name KAGAN, PAUL  
Address PHOENIX MANAGEMENT SERVICES,  
INC.  
7682 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name KAGAN, PAUL  
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:** AMY STEIN

**PRESIDENT**

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date