

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49544

Entity Name: DEVON CONDOMINIUM G 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: 65-0351433**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 1VP
Name HATTMAN, RITA
Address % CONSOLIDATED COMMUNITY
MANAGEMENT
7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

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

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

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

Title 2VP
Name SCHARY, JUDITH
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: ROBERTA KAPLAN**PRESIDENT****03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date