



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90029 014 \*\*\*\*61.25

<b>DOCUMENT # 741016</b> 1. Entity Name <b>DEVONHUNT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8360 WEST OAKLAND PARK BLVD SUITE 301 SUNRISE, FL 33351</b>			Mailing Address <b>PO BOX 452199 SUNRISE, FL 33345-2199</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03262008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-1948494</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>VALANCY, STEVEN S P.A. 311 SE 13TH ST FORT LAUDERDALE, FL 33316-1923</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODWIN, CRAIG <input type="checkbox"/> Delete 5311 NW 24 ST LAUDERHILL, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Jean-Baptiste, Erick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2339 SW 82 Way North Lauderdale, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSDT MONDELLI, JOSEPH <input type="checkbox"/> Delete 3241 NORTH STATE RD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mondelli, Joseph Sr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3239 North State RD 7 Margate, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURNEY, WAYNE <input type="checkbox"/> Delete 5433 NORTH UNIVERSITY DR # 144 LAUDERHILL, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, TIWANAN D <input checked="" type="checkbox"/> Delete 3585 SAHARA SPRINGS BLVD POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Blot, Marie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 144 Woodland Road Palm Springs, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HILL, JOHN <input checked="" type="checkbox"/> Delete 5311 NW 24TH ST LAUDERHILL, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Landau, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9527 Lake Serana Drive Boca Raton, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Mondelli, Joseph, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3241 North State RD 7 Margate, FL 33063	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # <b>954-572-5900</b>		