

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 046 ****61.25

DOCUMENT # N34493

1. Entity Name
DEVON CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business
C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US

Mailing Address
C/O CASTLE GROUP
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

50020705



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0205526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTLE MGMT INC
12270 SW 3RD STREET
PLANTATION, FL 33325

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STERN, MYRON
STREET ADDRESS 7284 S. DEVON DRIVE
CITY-ST-ZIP TAMARAC, FL

TITLE SD ☐ Delete
NAME PURETZ, AL
STREET ADDRESS 7270 S. DEVON DR.
CITY-ST-ZIP TAMARAC, FL

TITLE 1VP ☐ Delete
NAME GLAZER, DAVID
STREET ADDRESS 7244 S. DEVON DRIVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE 2VP ☐ Delete
NAME HORN, RONALD
STREET ADDRESS 7278 S. DEVON DRIVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD ☐ Delete
NAME KRULL, DORIS
STREET ADDRESS 7286 S. DEVON DRIVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7298 SOUTH DEVON DRIVE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7284 SOUTH DEVON DRIVE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MYRON STERN

Date

Daytime Phone