
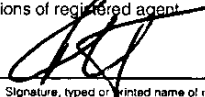
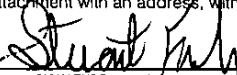


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90213 001 ***183.75

DOCUMENT # N34775 1. Entity Name DEVON.CONDOMINIUM B ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US			Mailing Address C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US		
2. Principal Place of Business - No P.O. Box # P.O. BOX 559009		3. Mailing Address Suite, Apt. #, etc.			
City & State FORT LAUDERDALE, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0149259	
Zip 33355		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET PLANTATION, FL 33325				7. Name and Address of New Registered Agent Name ROBERT C. MARTIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 319 S.E. 14TH STREET City FORT LAUDERDALE FL Zip Code 33316	
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  Robert C. MARTIN, ESQ. DATE 5/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLOMBERS, HUBERT 7238 S DEVON DR TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANIS, MAX 7172 S DEVON DR TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BRESSACK, IRWIN 7176 S DEVON DR TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRESLOW, IRWIN 7210 S DEVON DR TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KRIEGER, PHILIP 7202 SOUTH DEVON DRIVE TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, STUART 7190 S DEVON DR TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  STUART FISHER DATE 5/10/07 DAYTIME PHONE # 954-722-2611 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66010004



02152007 Chg-NP CR2E037 (12/06)

 Make check payable to
 Florida Department of State