

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 048 ****61.25

DOCUMENT # N347761. Entity Name
DEVON CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business

**C/O CASTLE GROUP
12270 SW 3 STREET
PLANTATION, FL 33325 US**

Mailing Address

**C/O CASTLE GROUP
PO BOX 559009
PLANTATION, FL 33318 US****50020703**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04152006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0146604Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTLE MANAGEMENT, INC.
12270 SW 3 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	1V	<input type="checkbox"/> Delete
NAME	ROSENBERG, RENEE	
STREET ADDRESS	7140 S DEVON DR	
CITY-ST-ZIP	TAMARAC, FL 33321	

TITLE	2V	<input type="checkbox"/> Delete
NAME	GOROWITZ, MICHAEL	
STREET ADDRESS	7136 S DEVON DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHORR, ARTHUR	
STREET ADDRESS	7110 S DEVON DR	
CITY-ST-ZIP	TAMARAC, FL 33321	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GLOSS, SYBIL	
STREET ADDRESS	7102 S. DEVON DR	
CITY-ST-ZIP	TAMARAC, FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LANDMAN, IRMA	
STREET ADDRESS	7138 S DEVON DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7132 SOUTH DEVON DRIVE	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELNAVIS, NORMA	
STREET ADDRESS	7130 S DEVON DRIVE	
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Renee Rosenberg (Renee Rosenberg)

05-17-06 954)721-4334