
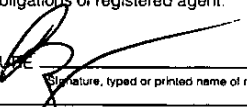



Devon Condominium C Association, Inc.

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90284 001 \*\*\*122.50

<b>DOCUMENT # N34776</b>			
1. Entity Name <b>DEVON CONDOMINIUM C ASSOCIATION, INC.</b>			
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	
2. Principal Place of Business - No P.O. Box # <b>INCORRECT CITY/ZIP ONLY</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State	
Zip <b>33355</b>	Country	Zip	Country
4. FEI Number <b>65-0146604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CASTLE MANAGEMENT, INC. 12270 SW 3 STREET PLANTATION, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>RANDALL K. ROGER &amp; ASSOCIATES, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53RD STREET, STE 300</b> City <b>BOCA RATON</b> FL <b>33432</b>	
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  <u>Randall K. Roger, Pres., Randall K. Roger &amp; Assoc.,</u> 5/23/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD ROSENBERG, RENEE 7140 S DEVON DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V GOROWITZ, MICHAEL 7132 S DEVON DR FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GOROWITZ, MICHELE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHORR, ARTHUR 7110 S DEVON DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELNAVIS, NORMA 7130 S DEVON DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDMAN, IRMA 7138 S DEVON DR FORT LAUDERDALE, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP PERSAN, JUDITH 7144 S DEVON DR TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  <u>Arthur Schorr</u>		Date <u>5/9/07</u> Daytime Phone # <u>(954) 720 9121</u>	