

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34776

FILED
Feb 21, 2009
Secretary of State

Entity Name: DEVON CONDOMINIUM C ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0146604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSENBERG, RENEE
Address: 7140 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: 1VP () Delete
Name: GOROWITZ, MICHELE
Address: 7132 S DEVON DR
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: TD () Delete
Name: SCHORR, ARTHUR
Address: 7110 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: BELNAVIS, NORMA
Address: 7130 S DEVON DR
City-St-Zip: TAMARAC, FL

Title: 2VP () Delete
Name: MOSKOVITS, MIRIAM
Address: 7128 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change () Addition
Name: ROSENBERG, RENEE
Address: 7140 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SCHORR, ARTHUR
Address: 7110 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: SD (X) Change () Addition
Name: LANDMAN, IRMA
Address: 7138 S DEVON DR
City-St-Zip: TAMARAC, FL

Title: TD (X) Change () Addition
Name: SCHREIBER, STANLEY
Address: 7158 S DEVON DR
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date