

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34776

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** DEVON CONDOMINIUM C ASSOCIATION, INC.

**Current Principal Place of Business:**

% CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CONSOLIDATED COMMUNITY MANAGEMENT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33321 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 & BERGER  
5297 W. COPANS RD.  
MARGATE, FL 33063 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: SD  
Name: HAMMEL, JILL  
Address: 7142 S DEVON DR  
City-St-Zip: TAMARAC, FL 33321

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

Title: PD  
Name: SCHORR, ARTHUR  
Address: 7110 S DEVON DR  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: LANDMAN, IRMA  
Address: 7138 S DEVON DR  
City-St-Zip: TAMARAC, FL

Title: 2VP  
Name: MOSKOVITS, LEWIS  
Address: 7128 S DEVON DR  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR SCHORR

PRES

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date