

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Devon Condominium

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90117 046 \*\*\*\*61.25

**DOCUMENT # N36543**

1. Entity Name  
**DEVON CONDOMINIUM E ASSOCIATION, INC.**



Principal Place of Business  
C/O CASTLE GROUP  
PO BOX 189013  
PLANTATION, FL 33318 US

Mailing Address  
C/O CASTLE GROUP  
PO BOX 189013  
PLANTATION, FL 33318 US

**50051305**



2. Principal Place of Business

C/O CASTLE GROUP

Suite, Apt. #, etc.

12270 SW 3RD STREET

City & State

PLANTATION, FL

Zip

33325

Country

3. Mailing Address

C/O CASTLE GROUP

Suite, Apt. #, etc.

P.O. BOX 559009

City & State

FT LAUDERDALE, FL

Zip

33355-9009

Country

03082005

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0205504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT INC  
4450 W SUNRISE BLVD  
STE 100  
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name (CHANGE ADDRESS ONLY)

Street Address (P.O. Box Number is Not Acceptable)

12270 SW 3RD STREET

City

PLANTATION

**FL**

Zip Code  
33325

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, 2005**

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 TD ☐ Delete  
NAME BLUM, NATHAN  
STREET ADDRESS 7253 SOUTH DEVON DRIVE  
CITY-ST-ZIP TAMARAC, FL

TITLE PD ☐ Delete  
NAME GUBERMAN, STANLEY  
STREET ADDRESS 7237 S DEVON DR  
CITY-ST-ZIP TAMARAC, FL

TITLE VD ☐ Delete  
NAME YOUNG, SHIRLEY  
STREET ADDRESS 7251 S DEVON DR  
CITY-ST-ZIP TAMARAC, FL

TITLE VSD ☐ Delete  
NAME KLAPMAN, MARTY  
STREET ADDRESS 7259 S DEVON DR  
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7237 S. DEVON DR.  
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition  
NAME *Stanley Guberman*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #