
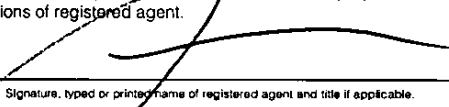



Devon Condominium E Association, Inc.

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-29-2007 90285 001 ***490.00

| | | | |
|--|---|--|--|
| DOCUMENT # N36543 | |  | |
| 1. Entity Name DEVON CONDOMINIUM E ASSOCIATION, INC. | | | |
| Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US | | Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355-9009 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0205504 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CASTLE MANAGEMENT INC 12270 SW 3RD STREET FORT LAUDERDALE, FL 33325 | | 7. Name and Address of New Registered Agent Name KATZMAN & KORR Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49TH STREET Suite 202 City FORT LAUDERDALE FL Zip Code 33309 | |
| 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  Ferron L. Korre, Esq. DATE 5/17/07 (NOTE: Registered Agent signature required when reinstating) | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KATZ, SHARON 7229 S DEVON DR FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COHEN, ARLENE 7243 S DEVON DRIVE-R376543 TAMARAC, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1VP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD YOUNG, SHIRLEY 7251 S DEVON DR TAMARAC, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 2VP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KLAPMAN, MARTY 7259 S DEVON DR TAMARAC, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MESHEL, PHYLLIS 7249 S DEVON DRIVE FORT LAUDERDALE, 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 | <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:  Marty Klapman DATE 5/9/07 DAYTIME PHONE # 954 722 2379 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |