

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36543

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: DEVON CONDOMINIUM E ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 333559009 US

**New Mailing Address:**

FEI Number: 65-0205504

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: TD ( ) Delete  
Name: KATZ, SHARON  
Address: 7229 S DEVON DR  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: COHEN, ARLENE  
Address: 7243 S DEVON DRIVE-R376543  
City-St-Zip: TAMARAC, FL

Title: 2V ( ) Delete  
Name: YOUNG, SHIRLEY  
Address: 7251 S DEVON DR  
City-St-Zip: TAMARAC, FL

Title: PD ( ) Delete  
Name: KLAPMAN, MARTY  
Address: 7259 S DEVON DR  
City-St-Zip: TAMARAC, FL

Title: 1V ( ) Delete  
Name: MESHEL, PHYLLIS  
Address: 7249 S DEVON DRIVE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: 1VP (X) Change ( ) Addition  
Name: YOUNG, SHIRLEY  
Address: 7251 S DEVON DR  
City-St-Zip: TAMARAC, FL

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

Title: 2VP (X) Change ( ) Addition  
Name: MESHEL, PHYLLIS  
Address: 7249 S DEVON DRIVE  
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

02/23/2009

Electronic Signature of Signing Officer or Director

Date