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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N37987 (7)

Corporation Name
DEVON CONDOMINIUM F ASSOCIATION, INC.

[redacted]

Principal Place of Business	Mailing Address
ROCK ISLAND ROAD DERHILL FL 33319	4373 ROCK LSLAND ROAD LAUDERHILL FL 33319-4520 US

Principal Place of Business	2a. Mailing Address 26		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		
City & State	City & State 28		
Zip	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 04/15/1996
4. FEI Number: 65-0237773 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSS, SONYA
7370 N. DEVON DRIVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
E	LEVITAN, BERT	1.2 NAME	
EET ADDRESS	7376 NORTH DEVON STREET	1.3 STREET ADDRESS	
-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
E	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
E	SHAFFER, BERNIE	2.2 NAME	
EET ADDRESS	7326 NORTH DEVON DRIVE	2.3 STREET ADDRESS	
-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
E	VP ☒ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
E	WALSH, SIDNEY	3.2 NAME	CORNICK, ARTHUR
EET ADDRESS	2346 NORTH DEVON DRIVE	3.3 STREET ADDRESS	7362 N DEVON DR
-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL
E	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
E	MOSS, SONYA	4.2 NAME	
EET ADDRESS	7370 N. DEVON DRIVE	4.3 STREET ADDRESS	
-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
E	TD ☒ DELETE	5.1 TITLE	TD ☒ Change ☐ Addition
E	HACHER, LEO	5.2 NAME	WALSH, SIDNEY
EET ADDRESS	7356 N. DEVON DRIVE	5.3 STREET ADDRESS	7346 N DEVON DR
-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARC FL
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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Rw 5-15-97

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. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE: SIGNATURE REQUIRED Bert Levitan BERT LEVITAN 4/28/97