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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37987

1. Corporation Name

DEVON CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

**4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319
US**

Mailing Address

**4373 ROCK ISLAND ROAD
LAUDERHILL FL 33319
US**



2. Principal Place of Business

21 C/o Castle Group

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation FL

Zip

33318

Country

US

2a. Mailing Address

26 C/o Castle Group

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation FL

Zip

33318

Country

US

3. Date Incorporated or Qualified

05/02/1990

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

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 Castle Property Services Group, Inc.

**82 Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd.**

83 Suite 100

84 City Plantation

FL

**85 Zip Code
33313**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Gail H. Sangunett
Signature, typed or printed name of registered agent and title if applicable.

Gail H. Sangunett, Vice President

1/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**PD
NAME LEVITAN, BERT
STREET ADDRESS 7376 NORTH DEVON STREET
CITY-ST-ZIP TAMARAC FL**

☐ DELETE

**VD
NAME REDLER, CARL
STREET ADDRESS 7372 N DEVON DR
CITY-ST-ZIP TAMARAC FL**

☐ DELETE

**VP
NAME SUSZNER, IRVING
STREET ADDRESS 7328 N DEVON DR
CITY-ST-ZIP TAMARAC FL**

☐ DELETE

**SD
NAME MOSS, SONYA
STREET ADDRESS 7370 N. DEVON DRIVE
CITY-ST-ZIP TAMARAC FL**

☐ DELETE

**TD
NAME WALSH, SIDNEY
STREET ADDRESS 7346 N. DEVON DRIVE
CITY-ST-ZIP TAMARAC FL**

☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. 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 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, with all other like empowered.

SIGNATURE:

Bert Levitan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bert Levitan, President 1/13/99 (954) 792-6000

Date

Daytime Phone #

CR2E037 (11/98)