


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Devon Condominium

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90003 031 \*\*\*\*61.25

<b>DOCUMENT # N37987</b>	
1. Entity Name <b>DEVON CONDOMINIUM F ASSOCIATION, INC.</b>	

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
---	---

**50053531**



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 65-0237773	Applied For <input type="checkbox"/> 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITAN, BERT 7376 NORTH DEVON STREET TAMARAC, FL <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	VD REDLER, CARL 7372 N DEVON DR TAMARAC, FL <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	VD SUSZNER, IRVING 7328 N. DEVON DR TAMARAC, FL <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	SD MOSS, SONYA 7370 N. DEVON DRIVE TAMARAC, FL <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	TD ROSMAN, LEAH 7350 N DEVON DR TAMARAC, FL <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 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:** Bert Levitan **BERT LEVITAN** 5/3/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #