Devon Condominium

## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N37987** 1. Entity Name DEVON CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business Mailing Address C/O CASTLE GROUP C/O CASTLE GROUP PO BOX 189013 PLANTATION, FL 33318 US PO BOX 189013 PLANTATION FL 33318 LIS

**FILED** Jun 08, 2005 8:00 am Secretary of State 06-08-2005 90003 031 \*\*\*\*61.25

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2. Principal Place of Business		3. Mail:	3. Mailing Address								
C/O CASTLE GROUP		C/O	C/O CASTLE GROUP								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03082005 C	hg-NP	CR2E037	(10/03)	
12270 SW 3RD STREET			P.O. BOX 559009								
City & State		City & State				4. FEI Number	*^		<del></del>	oplied For	
PLANTATION, FL			FT_LAUDERDALE,,FL				65-023777	3		No	ot Applicable
Zip	Country	Zip	· I	Cou	intry		5. Certificate of S	tatus Desired		8.75 Add	
33325	1		55-9009		·				— н	e Require	xd
	6. Name and Address of Current	Registere					7. Name and Address of New Registered Agent				
CASTLE MANAGEMENT, INC.			Name (CHA			(CHA	ANGE ADDRESS ONLY)				
4450 W SUNRISE BLVD			Street Address			idress (I	(P.O. Box Number is Not Acceptable)				
STE 100							TO THE SECOND TO THE PROOPERS OF				
PLANTATION, FL 33313			122			12270	270 SW 3RD STREET				
				City	City PLANTATION			FL Zip Code			
The above named entity submits this statement for the pur								the State of Fl	orida Lamifa		
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Filing Fee is \$61.25			9. Election Campaign Fir			_	\$5.00 May Be		lake check <sub>l</sub>		
	Due by May 1, 2005		Trust Fund Co	ontributi	ion. L		Added to Fees	Flo	rida Departn	nent of S	tate
10. OFFICERS AND DIRECTORS			RS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
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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 AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATUR OFFICER OR DIRECTOR Daytime Phone #