. 2006 NOT-FOR-PROFIT CORPORATION

Secretary of State ANNUAL REPORT 06-05-2006 90148 001 ****61.25 **DOCUMENT # N37987** DEVÓN CONDOMINIUM F ASSOCIATION, INC. 50020200 Principal Place of Business Mailing Address C/O CASTLE GROUP C/O CASTLE GROUP 12270 SW 3RD STREET P.O. BOX 559009 PLANTATION, FL 33325 FORT LAUDERDALE, FL 33355-9009 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 65-0237773 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33325 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F Change ☐ Addition LEVITAN, BERT NAME NAME STREET ADDRESS 7376 NORTH DEVON STREET STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-7IP VD TITLE ☐ Defete TITLE ☐ Change ☐ Addition REDLER, CARL NAME NAME 7372 N DEVON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP TITLE ____Delete TITLE ___ Change __ KAddition -SUSZNER, IRVING NAME NAME FRIEDMAN, JOAN **7328 N. DEVON DR** STREET ADDRESS STREET ADDRESS 7358 N DEVON DRIVE CITY+ST-ZIP TAMARAC, FL CITY-ST-71P TAMARAC, FL 33321 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOSS, SONYA NAME NAME 7370 N. DEVON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL CITY-ST-ZIP TITLE TITI F Delete ☐ Change ■ XAddition NAME ROSMAN, LEAH NAME GODIN, NATALIE 7350 N DEVON DR STREET ADDRESS STREET ADDRESS 7334 N DEVON DRIVE CITY-ST-ZIF TAMARAC, FL

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TAMARAC, FL 33321

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BERT LEVITAN 5/17/06 954-720 2808

☐ Defete

FILED Jun 05, 2006 8:00 am

☐ Change

☐ Addition