Devon Condominium F Association, Inc.

04-17-2008 90161 001 *5,818.75
N37987

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37987

1. Entity Name
DEVON CONDOMINIUM F ASSOCIATION, INC.

FILED
08 APR 29 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007075

Principal Place of Business	Mailing Address
C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US	C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0237773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEVITAN, BERT		NAME		
STREET ADDRESS	7376 N. DEVON DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	2VP	☐ Change ☒ Addition
NAME	REDLER, CARL		NAME	SCHWAARTZ, MURRAY	
STREET ADDRESS	7356 N. DEVON DR.		STREET ADDRESS	7326 N DEVON DR	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	☐ Delete	TITLE	1VP	☒ Change ☐ Addition
NAME	FRIEDMAN, JOAN		NAME		
STREET ADDRESS	7358 N DEVON DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOSS, SONYA		NAME		
STREET ADDRESS	7370 N. DEVON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	2VP	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	GODIN, NATALIE		NAME	PICKOFF, SELMA	
STREET ADDRESS	7334 N DEVON DR		STREET ADDRESS	7368 N. DEVON DR	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

$24/29

12. 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.

SIGNATURE: _____ 3/26/08 954-721-0349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #