2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N37987

Entity Name: DEVON CONDOMINIUM F ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 65-0237773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVITAN, BERT
Address: 7376 N. DEVON DR.
City-St-Zip: TAMARAC, FL

Title: 2V ( ) Delete
Name: SCHWAARTZ, MURRAY
Address: 7326 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: 1V ( ) Delete
Name: FRIEDMAN, JOAN
Address: 7358 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: MOSS, SONYA
Address: 7370 N. DEVON DRIVE
City-St-Zip: TAMARAC, FL

Title: TD ( ) Delete
Name: PICKOFF, SELMA
Address: 7368 N. DEVON DR.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change ( ) Addition
Name: SCHWAARTZ, MURRAY
Address: 7326 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: 2VP (X) Change ( ) Addition
Name: FRIEDMAN, JOAN
Address: 7358 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FARBER, FLORENCE
Address: 7341 N. DEVON DR.
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY MGR 02/23/2009

Electronic Signature of Signing Officer or Director — Date