

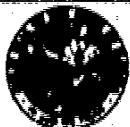
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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95 APR 20 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northerm  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44802 (9)**

1. Corporation Name

**DEVON CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

4373 ROCK ISL RD  
LAUDERHILL FL 33319  
US

Mailing Address

4373 ROCK ISL RD  
LAUDERHILL FL 33319  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1991

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0271721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 159.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

PUTTERMAN, LAWRENCE  
7367 N DEVON DR  
TAMARAC FL 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | PUTTERMAN, LAWRENCE  |
| STREET ADDRESS | 7367 N. DEVON DR.    |
| CITY- ST- ZIP  | TAMARAC FL           |
| TITLE          | VPD                  |
| NAME           | GREENBERG, SAMUEL V. |
| STREET ADDRESS | 7405 N. DEVON DR.    |
| CITY- ST- ZIP  | TAMARAC FL           |
| TITLE          | STD                  |
| NAME           | KLIGMAN, BEATRICE    |
| STREET ADDRESS | 7389 N. DEVON DR.    |
| CITY- ST- ZIP  | TAMARAC FL           |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |                                                                   |
|--------------------|------------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | PD                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | GREENBERG, SAM         |                                                                   |
| 1.3 STREET ADDRESS | 7405 N. DEVON DRIVE    |                                                                   |
| 1.4 CITY- ST- ZIP  | TAMARAC FL             |                                                                   |
| 2.1 TITLE          | VPD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | KLIGMAN, BEA           |                                                                   |
| 2.3 STREET ADDRESS | 7389 NORTH DEVON DRIVE |                                                                   |
| 2.4 CITY- ST- ZIP  | TAMARAC FL             |                                                                   |
| 3.1 TITLE          | STD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | KRAHAM, NORMAN         |                                                                   |
| 3.3 STREET ADDRESS | 7371 NORTH DEVON DRIVE |                                                                   |
| 3.4 CITY- ST- ZIP  | TAMARAC, FL            |                                                                   |
| 4.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                        |                                                                   |
| 4.3 STREET ADDRESS |                        |                                                                   |
| 4.4 CITY- ST- ZIP  |                        |                                                                   |
| 5.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                        |                                                                   |
| 5.3 STREET ADDRESS |                        |                                                                   |
| 5.4 CITY- ST- ZIP  |                        |                                                                   |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                        |                                                                   |
| 6.3 STREET ADDRESS |                        |                                                                   |
| 6.4 CITY- ST- ZIP  |                        |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Samuel V. Greenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

*April 9 - 1995*