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Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44802 (9)

1. Corporation Name

DEVON CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4373 ROCK ISL RD
LAUDERHILL FL 33319
US4373 ROCK ISL RD
LAUDERHILL FL 33319-4520
US3. Date Incorporated or Qualified
08/22/19913a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0271721Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUTTERMAN, LAWRENCE
7367 N DEVON DR
TAMARAC FL 33321

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GREENBERG, SAM
STREET ADDRESS 7405 N. DEVON DRIVE
CITY - ST - ZIP TAMARAC FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME KRAHAM, NORMAN
1.3 STREET ADDRESS 7371 N. DEVON DR
1.4 CITY - ST - ZIP TAMARAC, FLTITLE VPD ☒ DELETE
NAME GREENBERG, SAMUEL V.
STREET ADDRESS 7405 N. DEVON DR.
CITY - ST - ZIP TAMARAC FL2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME PUTTERMAN, MURIEL
2.3 STREET ADDRESS 7367 N. DEVON DR.
2.4 CITY - ST - ZIP TAMARAC, FLTITLE STD ☐ DELETE
NAME KRAHAM, NORMAN
STREET ADDRESS 7371 NORTH DEVON DRIVE
CITY - ST - ZIP TAMARAC FL3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME SOHN, SHIRLEY
3.3 STREET ADDRESS 7395 N. DEVON DR.
3.4 CITY - ST - ZIP TAMARAC, FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: NORMAN KRAHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035067

CP2E037 (9/96)