# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

14

**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90256 012 ****61.25

DOCUMENT # N44802

1. Entity Name

DEVON CONDOMINIUM I ASSOCIATION, INC.

24058339

MOORE CR2E037 (11/03)

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CASTLE GROUP<br>PO BOX 189013<br>PLANTATION FL 33318<br>US | C/O CASTLE GROUP<br>PO BOX 189013<br>PLANTATION FL 33318<br>US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0271721 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CASTLE MANAGEMENT INC
4450 W SUNRISE BLVD
STE C-100
PLANTATION FL 33313

**7. Name and Address of New Registered Agent**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

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 | PD<br>BERLINER, ARTHUR<br>7365 N DEVON DRIVE<br>TAMARAC FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KLIGMAN, BEATRICE<br>7389 N. DEVON DR.<br>TAMARAC FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>VD Putterman, Muriel<br>7367 N. Devon Dr.<br>Tamarac, FL 33321 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>SCHNEIDER, MOLLIE<br>7401 N DEVON DRIVE<br>TAMARAC FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PUTTERMAN, MURIEL D<br>7367 N DEVON DRIVE<br>TAMARAC FL 33318 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MASHIN, BARBARA<br>7363 N. DEVON DR.<br>TAMARAC FL 33131 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I 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 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:** Arthur Berliner 4-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #