

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N44802 1. Entity Name DEVON CONDOMINIUM I ASSOCIATION, INC.				FILED 08 APR 29 PM 1:39 SECRETARY OF STATE 66007078SSEE, FLORIDA 	
Principal Place of Business PO BOX 559009 FORT LAUDERDALE, FL 33355 US		Mailing Address C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US		02132008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0271721 ☐ Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2. Principal Place of Business - No P.O. Box # C/O CASTLE GROUP		3. Mailing Address C/O CASTLE GROUP			
Suite, Apt. #, etc. 12270 SW 3RD STREET		Suite, Apt. #, etc. P.O. BOX 559009			
City & State PLANTATION, FL		City & State FORT LAUDERDALE, FL			
Zip 33325		Country US		Zip 33355	
Country US		Country US		Country US	
6. Name and Address of Current Registered Agent KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 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		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.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD KELLNER, TILLIE 7373 N DEVON DR. TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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