

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47425

FILED
Feb 23, 2009
Secretary of State

Entity Name: DEVON CONDOMINIUM J ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0322241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ.
319 SE 14TH ST.
FORT LAUDERDALE, FL 33316 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: D () Delete
Name: SPECTOR, SELMA
Address: 7441 N. DEVON DR.
City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete
Name: SPECTOR, ARTHUR
Address: 7441 N DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: RANDAZZO, PAT
Address: 7419 NORTH DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: DE PASQUALE, MICHAEL
Address: 7437 N DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: HEYER, SYLVIA
Address: 7447 N DEVON DRIVE
City-St-Zip: FORT LAUDERDALE, FL 333321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change () Addition
Name: SMELSON, ARNOLD
Address: 7414 N. DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

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

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

Title: 1VP (X) Change () Addition
Name: DE PASQUALE, MICHAEL
Address: 7437 N DEVON DRIVE
City-St-Zip: TAMARAC, FL 33321

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

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