


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90285 001 ***490.00

DOCUMENT # N49544
 1. Entity Name
DEVON CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business
 C/O CASTLE GROUP
 12270 SW 3RD STREET
 PLANTATION, FL 33325 US

Mailing Address
 C/O CASTLE GROUP
 PO BOX 559009
 FORT LAUDERDALE, FL 33355-9009 US

66017131



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0351433

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

6. Name and Address of Current Registered Agent
CASTLE MANAGEMENT, INC.
 12270 SW 3RD STREET
 PLANTATION, FL 33325

7. Name and Address of New Registered Agent
 Name **KATZMAN & KORR**
 Street Address (P.O. Box Number is Not Acceptable)
 1501 NW 49TH STREET
 Suite 202
 City **FORT LAUDERDALE** **FL** Zip Code **33309**

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 Frederic L. Korrr, Esq. DATE 5/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	VPD	<input type="checkbox"/> Delete		TITLE	IVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATTMAN, CHARLES			NAME	7456 N DEVON DR		
STREET ADDRESS	7455 N DEVON DR			STREET ADDRESS	TAMARAC, FL 33321		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCOZZELLI, JENNIE			NAME	TAMARAC, FL 33321		
STREET ADDRESS	7434 N DEVON DR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, IRA			NAME			
STREET ADDRESS	7398 NORTH DEVON DR.			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTMAN, PATRICIA			NAME	TAMARAC, FL 33321		
STREET ADDRESS	7450 N DEVON DR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, ROBERTA			NAME			
STREET ADDRESS	7444 N DEVON DR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: CHARLES HATTMAN (Charles Hattman) DATE 5-9-07 DAYTIME PHONE # 154 726-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #