

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49544

FILED
Jan 21, 2011
Secretary of State

Entity Name: DEVON CONDOMINIUM G ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

% CONSOLIDATED COMMUNITY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

Current Mailing Address:

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

New Mailing Address:

% CONSOLIDATED COMMUNITY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-0351433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL & BERGER
1501 NW 49TH STREET, 2ND FLOOR
FT. LAUDERDALE, FL 33309 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: 1VP
Name: HATTMAN, RITA
Address: 7456 N DEVON DR.
City-St-Zip: TAMARAC, FL 33321

Title: TD
Name: COCOZZELLI, JENNIE
Address: 7434 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: SD
Name: GAFFIN, PEARL
Address: 7412 NORTH DEVON DR.
City-St-Zip: TAMARAC, FL

Title: 2VP
Name: DITMAN, JULIUS
Address: 7394 N DEVON DR
City-St-Zip: TAMARAC, FL 33321

Title: PD
Name: KAPLAN, ROBERTA
Address: 7444 N DEVON DR
City-St-Zip: TAMARAC, FL

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA KAPLAN

PD

01/21/2011

Electronic Signature of Signing Officer or Director

Date