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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003135 (1)**

1. Corporation Name

DEVONSHIRE CONDOMINIUM INC.

Principal Place of Business Mailing Address

**1220 NE 3RD ST
FT LAUDERDALE FL 33301** **1220 NE 3RD ST
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

07/14/1993 **05/01/1994**

4. FEI Number Applied For

59-1594998 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MORRIS, T J *delete* 81 Name **O'Brien, Mark**

1220 NE 3RD ST **FT LAUDERDALE FL 33301** 82 Street Address (P.O. Box Number is Not Acceptable) **1220 NE 3 ST. Apt. 308**

83

84 City **Ft. Lauderdale** FL 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark O'Brien* DATE **4/1/95**

Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP
NAME	MORRIS, T J <i>Delete</i>	12 NAME	Berry, Charles
STREET ADDRESS	1220 NE 3RD ST	13 STREET ADDRESS	1220 NE 3 ST.
CITY - ST - ZIP	FT LAUDERDALE FL 33301	14 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	DS	21 TITLE	
NAME	BYRUM, PHYLLIS <i>Byrum, Phyllis</i>	22 NAME	
STREET ADDRESS	1220 NE 3RD ST <i>Apt. 102</i>	23 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33301	24 CITY - ST - ZIP	
TITLE	DS	31 TITLE	
NAME	O'BRIEN, MARK	32 NAME	
STREET ADDRESS	1220 N.E. 3RD STREET	33 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	34 CITY - ST - ZIP	
TITLE	DI	41 TITLE	DT
NAME	KOERNIG, JOAN <i>delete</i>	42 NAME	CAVASINA, Guy
STREET ADDRESS	1220 NE 3RD ST	43 STREET ADDRESS	1220 NE 3 ST.
CITY - ST - ZIP	FT LAUDERDALE FL 33301	44 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
TITLE	DV	51 TITLE	
NAME	Forand, Larry <i>Apt. 408</i>	52 NAME	
STREET ADDRESS	1220 NE 3 ST -	53 STREET ADDRESS	
CITY - ST - ZIP	FT. Lauderdale, FL 33301	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *Chell. Egan* DATE **4/1/95** OFFICE FILE # **201-492-5660**

Signature typed or printed name of signing officer or director Date Office File #