

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003135 (1)

1. Corporation Name

DEVONSHIRE CONDOMINIUM INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1594998

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

KA

29

Zip

Country

USA

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

**O'BRIEN, MARK
1220 NE 3 ST. APT. 308
FT LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
BERRY, CHARLES
1220 NE 3 ST.
FT LAUDERDALE FL**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**DS
LUNDY, NANCY
1220 NE 3 ST
FT LAUDERDALE FL**

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DS
BYRUM, PHYLLIS
1220 NE 3RD ST
FT LAUDERDALE FL**

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DV
O'BRIEN, MARK
1220 N.E. 3RD STREET
FT. LAUDERDALE FL**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DT
CAVASINA, GUY
1220 NE 3RD ST
FT LAUDERDALE FL**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark O'Brien* **MARK O'BRIEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

DATE

954-764-8293

DAYTIME PHONE #

CR2E037 (12/95)