NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300003135

1. Corporation Name

DEVONSHIRE CONDOMINIUM INC.

Principal Place of Business 1220 NE 3RD ST FT LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

1220 NE 3RD ST

2a. Mailing Address

26

27

FT LAUDERDALE FL 33301

Suite, Apt. #, etc.

FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90065 028 ****61.25

Date incorporated or Q	ualifed

4. FEI Number

59-1594998

22	, '	27		59-1594998		Applicable		
City & State	e	City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional		
23		28			<u> </u>	Fee Required		
Zip	Country		Zip Country		6. Election Campaign Financing	\$5.00 May Be		
24	25	[29] [30			Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent			81	10. Name and Address of New Registered Agent				
			81	Name				
O'BRIEN, MARK			82	82 Street Address (P.O. Box Number is Not Acceptable)				
1220 NE 3 ST. APT. 308			-					
FT LAUDERDALE FL 33301			83	83				
			84	City	pre (85 Zip C	ode	
_	·			<u> </u>		_ (
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 reinstating) DATE 12. OFFICERS AND DIRECTORS. IN 12								
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	DP	DELETE	1.1 TITLE		A MAIR	□ cuande	Accumon	
NAME	BERRY, CHARLES		1,2 NAME		OCKRAM DITIN	•	.]	
STREET ADDRESS	1220 NE 3 ST.		1.3 STREET	ADDRESS	220NE 3 A4 Fr Loudulol, EC 33301		1	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	T-ZIP	1 D - BULLELIAND, (C 3530)			
TITLE	DS	DELETE	TÉ 2.1 TITLE		as FAAnd Tow	Change	Addition	
NAME	LUNDY, NANCY		2.2 NAME	>	east of a state of the state of			
STREET ADDRESS	1220 NE 3 STREET		2.3 STREET	ADDRESS	H. Landerda, EC 33301			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-S	T-ZIP	M. Lauderte, (3550)			
TITLE	DT	☐ DEFELE	3.1 TITLE			Change	Addition	
NAME	CAVASINA, GUY		3.2 NAME					
STREET ADDRESS	1220 NE 3RD ST		3.3 STREE	TADORESS		•		
CITY-ST-ZIP	ft Lauderda <u>le fl</u>		3.4. CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE 4.1 TI			•	☐ Change	☐ Addition	
-NAME			4.2 NAME	44.			1	
STREET ADDRESS			4.3 STREE	AODRESS		د ب حد		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME		:	5.2 NAME				1	
STREET ADDRESS		i	5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE		• ,	Change	Addition	
NAME			6.2 NAME				1	
STREET ADDRESS	,		6.3 STREET	TADDRESS	,			
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby	certify that the information supplied v	with this filing does not qualify for th	ne exempt	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the in	nformation .	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am at 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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable