2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2005 8:00 am Secretary of State 05-10-2005 90117 044 ****61.25

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1. Entity Name DEVON CONDOMINIUM H ASSOCIATION, INC.													
C/O CASTLE GROUP C/O PO BOX 189013 PO E			g Address CASTLE GROUP 30X 189013 VTATION, FL 333	18 U	s		 	# 8 		; 500 	5130) 7 Ha a an	
2. Principal P			- 1	Mailing Address									
Suite, Apt.	#. etc.	<u>UP</u>		/O CASTLE GROUP Suite, Apt. #, etc.				03082005					
	W. 3RD ST	REET		O. BOX 559009					Chg-NP		CR2E037	<u> </u>	
City & Stat			1	City & State				4. FEI Numb	per 26492				ot Applicable
Zip	TION, FL	Country	Z ₁	LAUDERDALE, FL. p. Country				. 60 7F					
33325	33325 33355-900 6. Name and Address of Current Registered Ager					5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent						rd	
	O. REZUINE	and Address of Curr	ent negistere	за Адетт		Name	(CHAI				egistered A	gent	
CASTLE MANAGEMENT, INC 4450 WEST SUNRISE BLVD						(CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable)							
STE 100 PLANTATI	ION, FL 3	3313					12270	SW 3RD S	TREET	,			
						City				FL	Zip Cod 33325	le	
8. The above	named entit	y submits this stateme	nt for the purp	ose of changing its	register	ed office or	register	ed agent, or bo	oth, in the Stat	e of Flor	rida. I am fa		
the congat	uons oi regisi	tered agent											
SIGNATURE													
SIGIOTIONE.													
SIGITORIE .	Signature, typed	or printed name of registered a	agent and title if app	olicable. (NOT	E: Registere	d Agent signetu	ire required	when reinstating)			DATE		
,	Filing Fe	re is \$61.25	agent and title if ap	9. Election Cal Trust Fund (mpaign F	inancing		\$5.00 May Added to Fees	Be s		DATE ake check da Departi		
10.	Filing Fe Due by N	e is \$61.25		9. Election Car Trust Fund (mpaign F Contribut	Financing ion.		\$5.00 May	s	Flori	ake check da Departi S AND DIR	THERT OF S	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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Daytime Phone #