

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Devon Condominium I

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 044 ****61.25

DOCUMENT # N93000003372

1. Entity Name
DEVON CONDOMINIUM H ASSOCIATION, INC.



Principal Place of Business
C/O CASTLE GROUP
PO BOX 189013
PLANTATION, FL 33318 US

Mailing Address
C/O CASTLE GROUP
PO BOX 189013
PLANTATION, FL 33318 US

50051307



2. Principal Place of Business
C/O CASTLE GROUP

3. Mailing Address
C/O CASTLE GROUP

Suite, Apt. #, etc.
12270 SW 3RD STREET

Suite, Apt. #, etc.
P.O. BOX 559009

City & State
PLANTATION, FL

City & State
FT. LAUDERDALE, FL

Zip Country
33325

Zip Country
33355-9009

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0426492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT, INC
4450 WEST SUNRISE BLVD
STE 100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name (CHANGE ADDRESS ONLY)

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

12270 SW 3RD STREET

City PLANTATION FL Zip Code 33325

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALD, LILLIAN ☐ Delete
STREET ADDRESS 7524 N DEVON DR
CITY-ST-ZIP TAMARAC, FL

TITLE VD
NAME GOULD, LOUIS ☐ Delete
STREET ADDRESS 7474 NORTH DEVON DR
CITY-ST-ZIP TAMARAC, FL

TITLE TD
NAME GINSBERG, AL ☐ Delete
STREET ADDRESS 7494 N DEVON DR
CITY-ST-ZIP TAMARAC, FL

TITLE SD
NAME WIND, IRMA ☐ Delete
STREET ADDRESS 7478 N. DEVON DR
CITY-ST-ZIP TAMARAC, FL

TITLE VD ☒ Delete
NAME MELZER, MARVIN
STREET ADDRESS 7498 N DEVON DR
CITY-ST-ZIP TAMARAC, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME PRZYBYLINSKI, FRANCES
STREET ADDRESS 7510 N. DEVON DR.
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Lillian Wald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #