

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90148 003 \*\*\*\*61.25

**DOCUMENT # N93000003372**

1. Entity Name  
**DEVON CONDOMINIUM H ASSOCIATION, INC.**



Principal Place of Business  
C/O CASTLE GROUP  
12270 SW 3RD ST  
FORT LAUDERDALE, FL 33325 US

Mailing Address  
C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33355-9009 US

**50020698**



2. Principal Place of Business		3. Mailing Address		04152006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		65-0426492	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASTLE MANAGEMENT, INC 12270 SW 3RD STREET PLANTATION, FL 33325		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALD, LILLIAN	NAME	
STREET ADDRESS	7524 N DEVON DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, LOUIS	NAME	
STREET ADDRESS	7474 NORTH DEVON DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, AL	NAME	
STREET ADDRESS	7494 N DEVON DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	
TITLE	2VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIND, IRMA	NAME	
STREET ADDRESS	7478 N. DEVON DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRZYBYLINSKI, FRANCES	NAME	
STREET ADDRESS	7510 N. DEVON DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **PRES.** **5-17-06** **754 7225685**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Lillian Wald*