

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90061 020 \*\*\*\*61.25

**DOCUMENT # 742265**

1. Entity Name

**DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 2.**

Principal Place of Business

Mailing Address

13388 SW 128TH ST  
 SNAPPER CREEK BRANCH  
 MIAMI FL 33186  
 US

13388 SW 128TH ST  
 SNAPPER CREEK BRANCH  
 MIAMI F 33186-5807  
 US

00010531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1809148**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEN COLVIN, CAM**  
**LAKEVIEW MANAGEMENT INC**  
**13388 SW 128TH ST**  
**MIAMI FL 33186**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD**  Delete  
 NAME **NIEVES, ED**  
 STREET ADDRESS **12345 SW 110TH CANAL ST RD**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D**  Delete  
 NAME **ALVAREZ, FREDY**  
 STREET ADDRESS **11010 SW 125TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPD**  Delete  
 NAME **TRUDEAU, BRENDA**  
 STREET ADDRESS **11012 SW 124TH CT**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PD**  Delete  
 NAME **FISCHMAN, RUSSELL**  
 STREET ADDRESS **11028 SW 123 PL**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **BTD**  Change  Addition  
 NAME **\$ Cooper, Sharon**  
 STREET ADDRESS **11003 SW 123 Place**  
 CITY-ST-ZIP **Miami, Fla 33186**

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  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:

*Russell Fischman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305/598-0327**  
**Russell Fischman, Pres 01/13/00**  
 Date Daytime Phone #