

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 030 ****61.25



DOCUMENT # 742265

1. Entity Name
DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 2, INC.

Principal Place of Business
 13388 SW 128TH ST
 SNAPPER CREEK BRANCH
 MIAMI, FL 33186 US

Mailing Address
 13388 SW 128TH ST
 SNAPPER CREEK BRANCH
 MIAMI, F 33186 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-NP CR2E037 (10/03)

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. 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)

2/20/04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~PD~~ BALKIN, RALPH
 STREET ADDRESS 11005 SW 123 PLACE
 CITY-ST-ZIP MIAMI, FL 33186

TITLE Change Addition
 NAME **VPD Ralph Balkin**
 STREET ADDRESS **11005 SW 123 PL**
 CITY-ST-ZIP **33186**

TITLE Delete
 NAME ~~EDDIE NIEVES~~ **NIEVES, EDDIE**
 STREET ADDRESS 12334 SW 110 S CANAL ST RD
 CITY-ST-ZIP MIAMI, FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~RAFAEL ALGECIRAS~~ **ALGECIRAS, RAFAEL**
 STREET ADDRESS 11012 SW 124 CRT
 CITY-ST-ZIP MIAMI, FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D KISSEL, TERRY**
 STREET ADDRESS **11001 SW 123 PL**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 305-255-9058

Date

Daytime Phone #