

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 014 ****61.25

DOCUMENT # 750701

1. Entity Name
DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 5, INC.



Principal Place of Business
**C/O LAKEVIEW MGMT
13388 SW 128 ST
MIAMI, FL 33186**

Mailing Address
**C/O LAKEVIEW MGMT
13388 SW 128 ST
MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number **NOT APPLICABLE** Applied For
59.204783 Not Applicable

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

**GAM, GLEN C
LAKEVIEW MGMT
43388 SW 128 ST
MIAMI, FL 33186**

Name
**Sue Bunetta
13388 SW 128 Street
Miami, Florida 33186**

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

Sue Bunetta

Sue Bunetta

3 April 2006

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, 2006**

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	STB	<input checked="" type="checkbox"/> Delete
NAME	MUNOZ, ALFREDO	
STREET ADDRESS	45401 SW 277 STREET	
CITY - ST - ZIP	HOMESTEAD, FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLINAR, MELBA	
STREET ADDRESS	12240 SW 115 TERRACE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAY, SCOTT	
STREET ADDRESS	12235 SW 118 LANE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE	VPB	<input checked="" type="checkbox"/> Delete
NAME	REYES, GEENA	
STREET ADDRESS	9000 SW 159 PLACE	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSAY, DORRETT	
STREET ADDRESS	12240 SW 118 LANE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindsay, Dorrett	
STREET ADDRESS	12240 SW 118 Lane	
CITY - ST - ZIP	Miami, Florida 33186	
TITLE	Secretary/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molinar, Melba	
STREET ADDRESS	12240 SW 115 Terrace	
CITY - ST - ZIP	Miami, Florida 33186	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Christensen	
STREET ADDRESS	11850 SW 122 Place	
CITY - ST - ZIP	Miami, Florida 33186	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitzenmacher, Margie	
STREET ADDRESS	12230 SW 116 Lane	
CITY - ST - ZIP	Miami, Florida 33186	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roman, Carmen	
STREET ADDRESS	11785 SW 122 Place	
CITY - ST - ZIP	Miami, Florida 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

D Scott Vay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

305 295 5289

Daytime Phone #