FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # 739258 (2)

1. Corporation Name

DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business	Mailing Address
C/O THE FOSTER 6 12398 SW 82 AVE MIAMI FL 33156	C/O THE FOSTER 6 12398 SW 82 AVE MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1977
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1753795 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCOTT, FOSTER J JR.
12398 S.W. 82ND AVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PRICE, LUDY	1.2 NAME		
STREET ADDRESS	10826 S.W. 123 PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	PRESIDENT / D	☒ Change ☐ Addition
NAME	MEYERS SALLY	2.2 NAME		
STREET ADDRESS	11917 SW 110 ST CIRCLE E	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ARTILES, ROBERT	3.2 NAME		
STREET ADDRESS	10806 SW 123 PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	~~SD~~	4.1 TITLE	S/T/D	☒ Change ☒ Addition
NAME	~~ALICKSON, VICKY~~	4.2 NAME	MARIA MORALES	
STREET ADDRESS	~~10903 S.W. 110TH ST CIR, N~~	4.3 STREET ADDRESS	11901 SW 110 ST. CIR. E.	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, LORRAINE	5.2 NAME		
STREET ADDRESS	12111 SW 110 ST CIRCLE N	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MORA, VICTOR	6.2 NAME		
STREET ADDRESS	12704 S.W. 111 TERRACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 2/11/95 (305) 2547228
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043287