

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739258

1. Entity Name

DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 1,

Principal Place of Business

C/O THE FOSTER CO.
12394 SW 82 AVE
MIAMI FL 33156

Mailing Address

C/O THE FOSTER CO.
P.O. BOX 5565820
PINECREST FL 33256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1753795

Applied For

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

SCOTT, FOSTER J JR.
12394 SW 82 AVE
MIAMI FL 33156

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 PD
NAME MEYERS SALLY ☒ Delete
STREET ADDRESS 11917 SW 110 ST CIRCLE E
CITY-ST-ZIP MIAMI FL

TITLE PD
NAME Jeff Kaslofsky ☐ Change ☒ Addition
STREET ADDRESS 12314 SW 111 Lane
CITY-ST-ZIP Miami, FL 33186

TITLE DVP
NAME GOODWIN, JACK ☐ Delete
STREET ADDRESS 10654 SW 123 CT
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME MORALES, MARIA ☒ Delete
STREET ADDRESS 11901 SW 110 ST CIR EST
CITY-ST-ZIP MIAMI FL

TITLE ST
NAME Darlene Ferrante ☐ Change ☒ Addition
STREET ADDRESS 12001 SW 110 ST. CIR. S.
CITY-ST-ZIP Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Danny Ulloa ☐ Change ☒ Addition
STREET ADDRESS 12216 SW 111 Lane
CITY-ST-ZIP Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Julio Dominguez ☐ Change ☒ Addition
STREET ADDRESS 11116 SW 122 CT.
CITY-ST-ZIP Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Date

Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90190 026 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)