2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 739258

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

Current Principal Place of Business:

C/O CARIBBEAN PROPERTY MANAGEMENT
12301 SW 132ND COURT
MIAMI, FL 33186

New Principal Place of Business:

C/O BRICKELL PROPERTY MANAGEMENT
14375 SW 142 ST
MIAMI, FL 33186

Current Mailing Address:

C/O CARIBBEAN PROPERTY MANAGEMENT
12301 SW 132ND COURT
MIAMI, FL 33186

New Mailing Address:

C/O BRICKELL PROPERTY MANAGEMENT
14375 SW 142 ST
MIAMI, FL 33186

FEI Number: 59-1753795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIAY, CARLOS A
3750 NW 87TH AVE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOODWIN, JACK
Address: 10654 SW 123 CT
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete
Name: FERRANTE, DARLENE
Address: 12001 SW 110 ST CIR S
City-St-Zip: MIAMI, FL 33186

Title: P ( ) Delete
Name: MONTES, MEL
Address: 12222 SW 111 LANE
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete
Name: UBILLA, SERGIO
Address: 11600 SW 112 AVE RD
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: UBILLA, ROSE
Address: 11600 SW 112 AVERD
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P/ P 03/02/2009

Electronic Signature of Signing Officer or Director — Date