

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742265 (2)**

1. Corporation Name

**DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 2, INC.**



Principal Place of Business

Mailing Address

13388 SW 128TH ST  
SNAPPER CREEK BRANCH  
MIAMI FL 33186  
US

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

3. Date Incorporated or Qualified  
**04/03/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1809148**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLEN COLVIN, CAM  
LAKEVIEW MANAGEMENT INC  
13388 SW 128TH ST  
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
NAME **NIEVES, ED**  
STREET ADDRESS **12345 SW 110TH CANAL ST RD**  
CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V**  DELETE  
NAME **DUNN, TERRY**  
STREET ADDRESS **11024 SW 123 CT**  
CITY-ST-ZIP **MIAMI FL 33186**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S**  DELETE  
NAME **KOLLIN, BELLE**  
STREET ADDRESS **12332 SW 110TH CANAL ST RD**  
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD**  DELETE  
NAME **FLAHARTY, LINDA**  
STREET ADDRESS **12334 SW 110TH SO. CANAL ST. ROAD**  
CITY-ST-ZIP **MIAMI FL 33186**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **ALADRO, MANUEL**  
STREET ADDRESS **10804 SW 142 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ed Nieves*  
Date **2/1/96**

Daytime Phone #

CR2E037 (12/95)