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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 13388 SW 128TH ST, SNAPPER CREEK BRANCH, MIAMI FL 33186, US
Mailing Address: 13388 SW 128TH ST, SNAPPER CREEK BRANCH, MIAMI F 33186-5807, US

3. Date Incorporated or Qualified: 04/03/1978
3a. Date of Last Report: 03/29/1996
4. FEI Number: 59-1809148
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GLEN COLVIN, CAM
LAKEVIEW MANAGEMENT INC
13388 SW 128TH ST
MIAMI FL 33186

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NIEVES, ED	
STREET ADDRESS	12345 SW 110TH CANAL ST RD	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, TERRY	
STREET ADDRESS	11024 SW 123 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KOLLIN, BELLE	
STREET ADDRESS	12332 SW 110TH CANAL ST RD	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLAHARTY, LINDA	
STREET ADDRESS	12334 SW 119TH SO. CANAL ST. ROAD	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALADRO, MANUEL	
STREET ADDRESS	10804 SW 142 PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gladys Reyes
2.3 STREET ADDRESS	12509 SW 110 SOUTH CANAL ST ROAD
2.4 CITY-ST-ZIP	MIAMI, FL 33186
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell Frischman
3.3 STREET ADDRESS	11028 SW 123 ROAD
3.4 CITY-ST-ZIP	MIAMI FL 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE: 12-1-1997

CR2E037 (9/96)