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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742265

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
US

* 3 1 7 9 *
311729 - 90033 - 23



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite/Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/03/1978

4. FEI Number

59-1809148

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

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

TITLE DELETE

NAME ~~VPD~~ D ALVAREZ, FREDY
STREET ADDRESS 11010 SW 125TH AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE DELETE

NAME ~~STD~~ VPD TRUDEAU, BRENDA
STREET ADDRESS 11012 SW 124TH CT
CITY-ST-ZIP MIAMI FL 33186

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME ~~PD~~ FISCHEMAN, RUSSEL
1.2 NAME
1.3 STREET ADDRESS 11028 SW 123 PL
1.4 CITY-ST-ZIP MIAMI FLA 33186

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED FISCHEMAN 2-11-99 305-598-0327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)