

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742265

FILED  
Feb 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1809148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITZENMACHER, MARGIE CAM  
LAKEVIEW MANAGEMENT INC  
13388 SW 128TH ST  
MIAMI, FL 33186 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: VPD ( ) Delete  
Name: BALKIN, RALPH  
Address: 11005 SW 123 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: PD ( ) Delete  
Name: ESTRADA, LAURA  
Address: 11013 SW 124 CT  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: NIEVES, ED  
Address: 15731 SW 59 TERR  
City-St-Zip: MIAMI, FL 33193

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BALKIN, RALPH  
Address: 11005 SW 123 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: VPD (X) Change ( ) Addition  
Name: ALGERCIAS, RALPH  
Address: 5166 VAN HORNE STREET  
City-St-Zip: NORTH PORT, FL 34291 US

Title: TD (X) Change ( ) Addition  
Name: NIEVES, ED  
Address: 15731 SW 59 TERR  
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Change (X) Addition  
Name: FISCHMAN, RUSSELL  
Address: 259 DANBURY COURT  
City-St-Zip: JASPER, GA 30143 US

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: RALPH BALKIN

P

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date