


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90985 046 \*\*\*\*61.25

<b>DOCUMENT # 750701</b> 1. Entity Name <b>DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 5, INC.</b>					
Principal Place of Business <b>C/O LAKEVIEW MGMT 13388 SW 128 ST MIAMI, FL 33186</b>			Mailing Address <b>C/O LAKEVIEW MGMT 13388 SW 128 ST MIAMI, FL 33186</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAM, GLEN C LAKEVIEW MGMT 13388 SW 128 ST MIAMI, FL 33186				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>F-</del> <del>MUNOZ, ALFREDO</del> <del>15401 SW 277 STREET</del> <del>HOMESTEAD, FL 33032</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Alfredo Munoz 15401 SW 277 Street Homestead, Florida 33032 Change ge <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P-</del> <del>MOLINAR, MELBA</del> <del>12240 S.W. 155 TERRACE</del> <del>MIAMI, FL 33186</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Vay 12235 SW 118 Lane Miami, Florida 33186 Addition ge <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D-</del> <del>ROMAN, GARMEN</del> <del>11785 S.W. 122 PLAGE</del> <del>MIAMI, FL 33186</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Geena Reyes 9600 SW 159 Place Miami, Florida 33157 Change ge <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D-</del> <del>REYES, GEENA</del> <del>11700 SW 122 PLAGE</del> <del>MIAMI, FL 33186</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melba Molinar 12240 SW 115 Terrace Miami, Florida 33186 Change ge <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorrett Lindsay 12240 SW 118 Lane Miami, Florida 33186 Addition ge <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/26/05 305-255-9088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		