

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90124 026 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2104783</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUNETTA, SUE 13388 SOUTHWEST 128 STREET MIAMI, FL 33186</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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, 2008</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	<b>D</b> <b>CHRISTENSEN, JULIE</b> <b>11850 SOUTHWEST 122 PLACE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MOLINAR, MELBA</b> <b>12240 S.W. 155 TERRACE</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-T</b> <b>MITZENMACHER, MARGIE</b> <b>12230 SOUTHWEST 116 LANE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROMAN, CARMEN</b> <b>11785 SOUTHWEST 122 PLACE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LINDSAY, DORRETT</b> <b>12240 SW 118 LANE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VAY, SCOTT</b> <b>12235 SOUTHWEST 118 LANE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Margie Mitzenmacher DT 4-28-08 706/546-7332</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					