2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 750701 A THE SEA

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

1. Entity Name DEVON-AIRE VILLAS HOMEOWNERS ASSOCIATION NO. 5, INC.									05-02-2008	90124 0:	26 ****61	.25
C/O LAKEVIEW MGMT C/O L 13388 SW 128 ST 1338				g Address LAKEVIEW MGMT 88 SW 128 ST MI, FL 33186				: 	8181 88 111 1 88 11 88 181 11	TI 61511 21611 6	1861 84871 BIBIE BII	
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Maili	Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04302008	Chg-NP	CR2E	037 (12/06)	
City & State			City	City & State				4. FEI Number 59-2104				pplied For ot Applicable
Žip	Zip Country		Zip Co		untry	5. Certificate of Status Desired See Required Fee Required						
	6. Name	e and Address of Current	Registere	d Agent				7. Name and	Address of New	Registered	l Agent	
						Name						
BUNETTA, SUE 13388 SOUTHWEST 128 STREET MIAMI, FL 33186					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33186											- Zin Cos	do.
						City FL Zip Code					16	
		ty submits this statement fo stered agent.	or the purpo	ose of changing its	s register	ed office or reg	gistere	ed agent, or both	n, in the State of F	lorida. I an	n familiar with	, and accept
SIGNATURE	Signature, types	d or printed name of registered agent	and title if appl	icable (NO)	F: Register	nd Agent signature re	required	when reinstation)		DATE		
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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.

SIGNATURE: