

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000126**

1. Entity Name

**DEVONAIRE COMMERCE CENTER I CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

901 S.W. 103RD CT.  
MIAMI FL 33174

901 S.W. 103RD CT.  
MIAMI FL 33174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0732143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELENDEZ, ENRIQUE  
901 S.W. 103RD CT.  
MIAMI FL 33174**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MELENDEZ, ENRIQUE	
STREET ADDRESS	901 S.W. 103RD CT.	
CITY-STATE-ZIP	MIAMI FL 33174	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIL, FERNANDO	
STREET ADDRESS	12838 SW 128 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELENDEZ, ANTONIO	
STREET ADDRESS	12450 SW 128 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA PONIA, GUILLERMO	
STREET ADDRESS	12432 SW 128 ST	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEROCARPI, LUIS	
STREET ADDRESS	245 SW 217 AVE	
CITY-STATE-ZIP	MIAMI FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000664023  
03/22/07-80028-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Marzo 16-07*