2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001940

1. Entity Name
DEVONSHIRE HOMEOWNERS ASSOCIATION OF OCALA, INC.

Principal Place of Business	Mailing Address
2824 SE 30 ST OCALA, FL 34471	2824 SE 30 ST OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DINKINS, BRAD
2824 S.E. 30TH STREET
OCALA, FL 34471

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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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001A1936
01/19/05-80006-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	DINKINS, BRAD
STREET ADDRESS	2824 SE 30TH ST.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	DINKINS, WENDY
STREET ADDRESS	801 SE 52ND STREET
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	DINKINS, BRADFORD K
STREET ADDRESS	101 NE 16TH AVENUE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/12/05 3528678400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #