

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-05-2002 90008 019 ****70.00

DOCUMENT # N01000002959

1. Entity Name

VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, I
 NC. ✓

Principal Place of Business

5911 BRECKENRIDGE PKWY., STE. H
 TAMPA FL 33610

Mailing Address

5911 BRECKENRIDGE PKWY., STE. H
 TAMPA FL 33610

2. Principal Place of Business

Unique Property Services
 Suite, Apt. #, etc.

115 S. Dale Mabry Hwy #300
 City & State

Tampa FL

Zip
 33609

Country
 USA

3. Mailing Address

115 S. Dale Mabry Hwy
 Suite, Apt. #, etc.

#300
 City & State

Tampa FL

Zip
 33609

Country
 USA

4. FEI Number

59-3715681

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SKOKOS, PETER Z
 1819 MAIN ST., STE. 610
 SARASOTA FL

7. Name and Address of New Registered Agent

Name
 Unique Property Services Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 115 S. Dale Mabry Hwy
 Suite 300
 City Tampa FL Zip Code 33609

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

7/22/02
 DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RUSHNELL, DEVON	5911 BRECKENRIDGE PKWY., STE. H	TAMPA FL 33610	<input checked="" type="checkbox"/>
D	MCGIRR, MATT	5911 BRECKENRIDGE PKWY., STE. H	TAMPA FL 33610	<input checked="" type="checkbox"/>
D	CUPP, CHRISTIN	5911 BRECKENRIDGE PKWY., STE. H	TAMPA FL 33610	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	AL KESLER			<input type="checkbox"/>	<input type="checkbox"/>
D	JULE DORAN			<input type="checkbox"/>	<input type="checkbox"/>
D	STEVE WILTSE			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #