

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# N01000002959

Entity Name: VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE,
SUITE 3
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3715681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC.
1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROGERS, JULIA ANN
Address: 10260 DEVONSHIRE LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: DVP () Delete
Name: HENNIG, ROBERT
Address: 10267 DEVONSHIRE LAKE DR.
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: RIEDEL, WILLIAM
Address: 10246 DEVONSHIRE LAKE DR.
City-St-Zip: TAMPA, FL 33647

Title: DS () Delete
Name: D'ANDREA, NICHOLAS
Address: 10266 DEVONSHIRE LAKE DR.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: NIDASIO, KATE
Address: 10210 DEVONSHIRE LAKE DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROGERS, JULIA ANNE
Address: 10260 DEVONSHIRE LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA ANNE ROGERS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date