

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002959

FILED  
Apr 30, 2008  
Secretary of State

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