

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR -9 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100002959

1. Entity Name
**VILLAGES OF DEVONSHIRE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
C/O UNIQUE PROPERTY SERVICES
115 S DALE MABRY HWY #300
TAMPA, FL 33609

Mailing Address
115 S DALE MABRY HWY
#300
TAMPA, FL 33609

2. Principal Place of Business
2630 South Falkenburg
Suite, Apt. #, etc.

3. Mailing Address
2630 South Falkenburg
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Riversview Florida
Zip
33569

City & State
Riversview, FL
Zip
33569
Country
Hillsborough

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
**UNIQUE PROPERTY SERVICES INC
115 S DALE MABRY HWY
#300
TAMPA, FL 33609**

7. Name and Address of New Registered Agent
Name **Michael Colangelo**
Street Address (P.O. Box Number Is Not Acceptable)
2630 S. Falkenburg Rd.
City **Riversview** FL Zip Code **33569**

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]* **MICHAEL COLANGELO** 12/MARCH/03 DATE

FILE NOW FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D KESLER, AL 6911 BRECKENRIDGE PKWY., STE. H TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, JULE 6911 BRECKENRIDGE PKWY., STE. H TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILTSE, STEVE 6911 BRECKENRIDGE PKWY., STE. H TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT T 2630 S. Falkenburg Rd. Riversview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT T MICHAEL COLANGELO 2630 S. Falkenburg Rd. Riversview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY T ROBERT JUNE 2630 S. Falkenburg Rd. Riversview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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]* **MICHAEL COLANGELO** 12/MARCH/03 815 781-0456 DAYTIME PHONE #

CR2E037 (10/02)