# I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: NICHOLAS D'ANDREA

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA	NOT FOR PROFIT	<b>CORPORATION A</b>	NNUAL REPORT

#### DOCUMENT# N0100002959

Entity Name: VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

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

# **Current Mailing Address:**

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

### FEI Number: 59-3715681

## Name and Address of Current Registered Agent:

10237 DEVONSHIRE LAKE DR

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

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:

Address

Electronic Signature of Registered Agent

### Officer/Director Detail :

City-State-Zip: TAMPA FL 33647

Title	VP	Title	TREASURER
Name	NIDASIO, KATHLEEN	Name	MAROFSKY, STU
Address	10260 DEVONSHIRE LAKE DRIVE	Address	10218 DEVONSHIRE LAKE DR.
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	DIRECTOR	Title	PRESIDENT
Name	DELLOW, JUDITH M	Name	D'ANDREA, NICHOLAS
Address	10278 DEVONSHIRE LAKE DR	Address	10266 DEVONSHIRE LAKE DR
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	TREASURER		
Name	CHAGARES, ROBIN		

Certificate of Status Desired: No

FILED Apr 27, 2016 Secretary of State CC7289152886

> 04/27/2016 Date

Date