

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002959

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC8962476589**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVP  
Name NIDASIO, KATHLEEN  
Address 10260 DEVONSHIRE LAKE DRIVE  
City-State-Zip: TAMPA FL 33647

Title TD  
Name HENNING, ROBERT  
Address 10267 DEVONSHIRE LAKE DR.  
City-State-Zip: TAMPA FL 33647

Title SD  
Name CICCARELLO, JOSEPH  
Address 10220 DEVONSHIRE LAKE DR.  
City-State-Zip: TAMPA FL 33647

Title PD  
Name MAROFSKY, STU  
Address 10218 DEVONSHIRE LAKE DR.  
City-State-Zip: TAMPA FL 33647

Title D  
Name PETERSON, MARY  
Address 10204 DEVONSHIRE LAKE DRIVE  
City-State-Zip: TAMPA FL 33647

*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.*

**SIGNATURE: STU MAROFSKY**

**P**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date