# DOCUMENT# N01000002959 Entity Name: VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

7709 GIBSONTON DRIVE GIBSONTON, FL 33534

## **Current Mailing Address:**

P.O BOX 2878 RIVERVIEW, FL 33568 US

# FEI Number: 59-3715681

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

UNIQUE PROPERTY SERVICES INC. 7709 GIBSONTON DRIVE GIBSONTON, FL 33534 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	OFFICER	Title	SECRETARY
Name	NIDASIO, KATHLEEN	Name	CHAGARES, ROBIN
Address	10260 DEVONSHIRE LAKE DRIVE	Address	10237 DEVONSHIRE LAKE DR
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	PRESIDENT	Title	MANAGER
Name	MUELLER, ROBERT	Name	MALLORY, CORINNE
Address	10221 DEVONSHIRE LAKE DRIVE	Address	P.O BOX 2878
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	RIVERVIEW FL 33568
Title	TREASURER		
Name	CHURCHILL, LINDA LEE		
Address	10280 DEVONSHIRE LAKE DR.		
City-State-Zip:	TAMPA FL 33647		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	NameNIDASIO, KATHLEENAddress10260 DEVONSHIRE LAKE DRIVECity-State-Zip:TAMPA FL 33647TitlePRESIDENTNameMUELLER, ROBERTAddress10221 DEVONSHIRE LAKE DRIVECity-State-Zip:TAMPA FL 33647TitleREASURERNameCHURCHILL, LINDA LEEAddress10280 DEVONSHIRE LAKE DR.	TitleOFFICERTitleNameNIDASIO, KATHLEENNameAddress10260 DEVONSHIRE LAKE DRIVEAddressCity-State-Zip:TAMPA FL 33647City-State-Zip:TitlePRESIDENTTitleNameMUELLER, ROBERTNameAddress10221 DEVONSHIRE LAKE DRIVEAddressCity-State-Zip:TAMPA FL 33647City-State-Zip:TitleREASURERCity-State-Zip:TitleTREASURERCity-State-Zip:Address01280 DEVONSHIRE LAKE DR.Liter State-Zip:

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: MALLORY, CORINNE

MANAGER

04/28/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 28, 2022 Secretary of State 0595035065CC