

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002959

**FILED
Apr 15, 2015
Secretary of State
CC9097063449**

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 DIRECTOR
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 TREASURER
Name CICCARELLO, JOSEPH
Address 10220 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

PRESIDENT

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date