### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002959

Entity Name: VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION,

INC.

# **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 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC. 7709 GIBSONTON DRIVE GIBSONTON, FL 33534 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

**FILED** May 26, 2020

**Secretary of State** 

5808371952CC

# Officer/Director Detail:

Title **OFFICER** Title **SECRETARY** 

Name NIDASIO, KATHLEEN Name CHAGARES, ROBIN

Address 10260 DEVONSHIRE LAKE DRIVE Address 10237 DEVONSHIRE LAKE DR

TAMPA FL 33647 City-State-Zip: TAMPA FL 33647 City-State-Zip:

Title Title **PRESIDENT** 

LEWIS, EDWARD Name MUELLER, ROBERT Name

Address 10221 DEVONSHIRE LAKE DRIVE Address 10272 DEVONSHIRE LAKE DRIVE

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33647

Title **TREASURER** Title MANAGER Name URSO, LESLIE Name ALVAREZ, WILLIAM

Address 10217 DEVONSHIRE LAKE DRIVE P.O BOX 2878 Address

City-State-Zip: TAMPA FL 33647 City-State-Zip: RIVERVIEW FL 33568

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: ALVAREZ, WILLIAM

**MANAGER** 

05/26/2020