

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002959

**Entity Name:** VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**9339216216CC****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**Officer/Director Detail :**

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

Title	SECRETARY
Name	CHAGARES, ROBIN
Address	10237 DEVONSHIRE LAKE DR
City-State-Zip:	TAMPA FL 33647

Title	PRESIDENT
Name	MUELLER, ROBERT
Address	10221 DEVONSHIRE LAKE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	VP
Name	LEWIS, EDWARD
Address	10272 DEVONSHIRE LAKE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MANAGER
Name	ALVAREZ, WILLIAM
Address	P.O BOX 2878
City-State-Zip:	RIVERVIEW FL 33568

Title	TREASURER
Name	URSO, LESLIE
Address	10217 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: ALVAREZ, WILLIAM****MANAGER****04/21/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date