

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002959

Entity Name: VILLAGES OF DEVONSHIRE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 19, 2024
Secretary of State
5289969290CC**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 DIRECTOR
Name KERDOLFF, JENNIFER
Address P.O BOX 2878
City-State-Zip: RIVERVIEW FL 33568Title SECRETARY
Name CHAGARES, ROBIN
Address 10237 DEVONSHIRE LAKE DR
City-State-Zip: TAMPA FL 33647Title PRESIDENT
Name PULTORAK, JACK
Address P.O BOX 2878
City-State-Zip: RIVERVIEW FL 33568Title MANAGER
Name MALLORY, CORINNE
Address P.O BOX 2878
City-State-Zip: RIVERVIEW FL 33568Title TREASURER
Name CHURCHILL, LINDA LEE
Address 10280 DEVONSHIRE LAKE DR.
City-State-Zip: TAMPA FL 33647Title VP
Name MARCIANO, JOSEPH
Address 10217 DEVONSHIRE LAKE DR
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: CORINNE MALLORY**MANAGER****03/19/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date