

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002959

**FILED  
Apr 10, 2018  
Secretary of State  
CC8901550463**

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

Title           TREASURER  
Name           MAROFSKY, STU  
Address        10218 DEVONSHIRE LAKE DR.  
City-State-Zip: TAMPA FL 33647

Title           DIRECTOR  
Name           DELLOW, JUDITH M  
Address        10278 DEVONSHIRE LAKE DR  
City-State-Zip: TAMPA FL 33647

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

Title           VP  
Name           MUELLER, ROBERT  
Address        10221 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: KATHLEEN NIDASIO**

**PRESIDENT**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date