

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009673

**Entity Name:** DEVONSHIRE WOODS PLACE HOMEOWNERS ASSOCIATION  
INCORPORATED

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**8197454933CC**

**Current Principal Place of Business:**

4507 EHRLICH ROAD  
TAMPA, FL 33624

**Current Mailing Address:**

14919 DEVONSHIRE WOODS PLACE  
TAMPA, FL 33624 US

**FEI Number: 88-3958255**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEANER, JOE  
14919 DEVONSHIRE WOODS PLACE  
TAMPA, FL 33624 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: JOE DEANER**

**02/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name COHEN, LI  
Address 14906 DEVONSHIRE WOODS PL  
City-State-Zip: TAMPA FL 33624

Title VP  
Name MOHR, STEPHANIE  
Address 14917 DEVONSHIRE WOODS PL  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name FORD, STEVE  
Address 14909 DEVONSHIRE WOODS PL  
City-State-Zip: TAMPA FL 33624

Title TREASURER  
Name STREIFER, SHARI  
Address 14904 DEVONSHIRE WOODS PL  
City-State-Zip: TAMPA FL 33624

Title PRESIDENT  
Name DEANER, JOE  
Address 14919 DEVONSHIRE WOODS PLACE  
City-State-Zip: TAMPA FL 33624

*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: JOE DEANER**

**PRESIDENT**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date