

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001940

1. Entity Name
**DEVONSHIRE HOMEOWNERS ASSOCIATION OF
OCALA, INC.**



Principal Place of Business
**2824 SE 30 ST
OCALA, FL 34471**

Mailing Address
**2824 SE 30 ST
OCALA, FL 34471**



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DINKINS, BRAD
2824 S.E. 30TH STREET
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVD	
NAME	DINKINS, BRAD	
STREET ADDRESS	2824 SE 30TH ST.	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	
NAME	DINKINS, WENDY	
STREET ADDRESS	801 SE 52ND STREET	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	D	
NAME	DINKINS, BRADFORD K	
STREET ADDRESS	101 NE 16TH AVENUE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000424088
02/18/06-80034-015 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/06 352 867 8400