

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000001940**

1. Entity Name

DEVONSHIRE HOMEOWNERS ASSOCIATION OF  
OCALA, INC.



Principal Place of Business

2920 SE 29TH STREET  
OCALA, FL 34471

Mailing Address

2920 SE 29TH STREET  
OCALA, FL 34471



03102008 No Chg-NP

CR2E037 (4/06)

**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  
2920 S.E. 29TH 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000862965  
04/03/08-80072-010 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
DINKINS, BRAD  
2920 SE 29TH STREET  
OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DINKINS, WENDY  
801 SE 52ND STREET  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DINKINS, BRADFORD K  
101 NE 16TH AVENUE  
OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

03/14/08 353-867-8400  
Date Daytime Phone #