

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

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000002443**

1. Entity Name  
**DEVONSHIRE PARK HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business

**1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236**

Mailing Address

**1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236**



04292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4714426**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, MARVIN  
1990 MAIN STREET  
SUITE 700  
SARASOTA, FL 34236**

**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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KAPLAN, MARVIN  
STREET ADDRESS 1990 MAIN STREET, SUITE 700  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VPST  
NAME DERUIZ, DANE  
STREET ADDRESS 1990 MAIN STREET, SUITE 700  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D  
NAME DERUIZ, DANE  
STREET ADDRESS 1990 MAIN STREET, SUITE 700  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D  
NAME ARKIN, RICK  
STREET ADDRESS 1990 MAIN STREET, SUITE 700  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000945917  
05/30/08-80027-017 61.25

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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 #