

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002060

1. Entity Name
**DEVONSHIRE AT RIDGEMOOR HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**800 TARPON WOODS BLVD
F-4
PALM HARBOR, FL 34685 US**

Mailing Address
**800 TARPON WOODS BLVD
F-4
PALM HARBOR, FL 34685 US**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2915279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORMINSTON, DAVID W
800 TARPON WOODS BLVD F-4
PALM HARBOR, FL 34685**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
STAFFORD, THOMAS
4173 ROTHERHAM CT
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MARSALISI, PETER
4244 ROTHERHAM CT
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
JOANSON, DAVID
4153 ROTHERHAM COURT
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MARSALISI, PETER
4244 ROTHERHAM CT
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000177059
01/11/05-80021-022 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 exemption stated in Section 119.07(3)(i), 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 #