


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90042 033 \*\*\*\*61.25

<b>DOCUMENT # N96000002060</b>					
<b>1. Entity Name</b> DEVONSHIRE AT-RIDGEMOOR HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 800 TARPON WOODS BLVD F-4 PALM HARBOR, FL 34685 US			<b>Mailing Address</b> 800 TARPON WOODS BLVD F-4 PALM HARBOR, FL 34685 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  ORMINSTON, DAVID W 800 TARPON WOODS BLVD F-4 PALM HARBOR, FL 34685			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> STAFFORD, THOMAS <b>STREET ADDRESS</b> 4173 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRES <b>NAME</b> ROBERTS-NOREK <b>STREET ADDRESS</b> 4242 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MARSALISI, PETER <b>STREET ADDRESS</b> 4244 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> DANIEL JENNINGS <b>STREET ADDRESS</b> 4121 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> JOANSON, DAVID <b>STREET ADDRESS</b> 4153 ROTHERHAM COURT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRES SEC <b>NAME</b> DANIEL JAY <b>STREET ADDRESS</b> 4102 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> MARSALISI, PETER <b>STREET ADDRESS</b> 4244 ROTHERHAM CT <b>CITY-ST-ZIP</b> PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-17-06 <span style="float: right;">727-772-1181</span> <small>Date Daytime Phone</small>		

40014146



01112006 Chg-NP CR2E037 (11/05)

**4. FEI Number**  
59-2915279

**Applied For**  
☐ Not Applicable

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