

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002060

FILED
Mar 09, 2009
Secretary of State

Entity Name: DEVONSHIRE AT RIDGEMOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3383895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOREK, ROBERT
Address: 4243 ROTHERHAM CT
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: ARCHER, JENNIE
Address: 4243 ROTHERHAM CT
City-St-Zip: PALM HARBOR, FL 34685

Title: TSD () Delete
Name: AVERBACH, WILLIAM
Address: 4224 ROTHESHAM CT
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NOREK, ROBERT
Address: 4243 ROTHERHAM CT
City-St-Zip: PALM HARBOR, FL 34685

Title: TD (X) Change () Addition
Name: ARCHER, JENNIE
Address: 4243 ROTHERHAM CT
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP (X) Change () Addition
Name: AVERBACH, WILLIAM
Address: 4224 ROTHESHAM CT
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NOREK

DP

03/09/2009

Electronic Signature of Signing Officer or Director

Date