

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005770

**Entity Name:** DEVONSHIRE MANOR HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**6571630607CC**

**Current Principal Place of Business:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813

**Current Mailing Address:**

4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 US

**FEI Number: 65-1209977**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HIGHLAND COMMUNITY MANAGEMENT, LLC  
4110 S. FLORIDA AVE; SUITE 200  
LAKELAND, FL 33813 US

*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: DENISE ABERCROMBIE**

**01/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STOWELL, STEVEN  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            RUSSELL, BETH  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            SECRETARY/TREASURER  
Name            STOWELL, ASTER  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            FREEMAN, JOHN  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            VP  
Name            EMERY, JAMES  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            QUALEY, ARTHUR  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR  
Name            GILLIGAN, GEORGIA  
Address        4110 S. FLORIDA AVE; SUITE 200  
City-State-Zip: LAKELAND FL 33813

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVEN STOWELL**

**PRESIDENT**

**01/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date