FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90179 016 ****61.25

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DOCUMENT # **N97000006436**

1. Corporation Name
SOMERSET-WEST SHORE RESIDENTIAL ASSOCIATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 37634 PENSACOLA FL 32526-0634	P.O. BOX 37634 PENSACOLA FL 32526-0634

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed
11/10/1997

4. FEI Number
~~APPLIED FOR~~ 59-3511057
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CANAVELLO, ROBERT R
5765 TALQUIN AVE.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, JERRY		1.2 NAME		
STREET ADDRESS	5965 MIFFLIN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SELBY, BOB		2.2 NAME		
STREET ADDRESS	5635 W SHORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKAIN, HAZEL		3.2 NAME		
STREET ADDRESS	2156 YARDLEY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANAVELLO, ROBERT		4.2 NAME		
STREET ADDRESS	5765 TALQUIN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEIT, THELMA		5.2 NAME		
STREET ADDRESS	2155 YARLDEY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	POLASKI, RAYMOND		6.2 NAME	Dave Broughton	
STREET ADDRESS	5963 W SHORE DR		6.3 STREET ADDRESS	5629 Talquin Ave	
CITY-ST-ZIP	PENSACOLA FL 32526		6.4 CITY-ST-ZIP	Pensacola, FL 32526	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert R Canavello Treasurer May 10 1999 (850)429-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)