

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90163 016 *****61.25

DOCUMENT # N97000006436

1. Entity Name

SOMERSET-WEST SHORE RESIDENTIAL ASSOCIATION, INC



Principal Place of Business

P.O. BOX 37634
PENSACOLA FL 32526-0634

Mailing Address

P.O. BOX 37634
PENSACOLA FL 32526-0634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3511057**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CANAVELLO, ROBERT R
5765 TALQUIN AVE.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

JUDY GREUNKE

Street Address (P.O. Box Number is Not Acceptable)

5924 Westshore Dr

Pensacola FL 32526

City

FL

Zip Code

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

Judith K Greunke

JUDITH K. GREUNKE

7.6.03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P HIGGS, TOM**
STREET ADDRESS **5873 WESTSHORE DR**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☒ Delete
NAME **VP RUSCHE, BETTYE**
STREET ADDRESS **5729 TALQUIN AVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME **T GREUNKE, JUDY**
STREET ADDRESS **5924 WESTSHORE DR**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME **T TYLER, JOANN**
STREET ADDRESS **5630 WESTSHORE DR**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME **D ROHRER, DAVID**
STREET ADDRESS **2153 YARDLEY**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete
NAME **D SELBY, BOB**
STREET ADDRESS **5635 WESTSHORE**
CITY-ST-ZIP **PENSACOLA FL 32526**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P RUSCHE, Bettye**
STREET ADDRESS **5729 Talquin Ave**
CITY-ST-ZIP **Pensacola FL 32526**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Judith K Greunke
SIGNATURE REQUIRED

7.6.03

850.944.5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)