

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767258 (7)

1. Corporation Name
VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 113 SOMERSET LANE PALM HARBOR FL 34684	Mailing Address 113 SOMERSET LANE PALM HARBOR FL 34684
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 02/22/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2399890	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAYBURN, LAURA J. P.A.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81. Name **THOMAS MOSSON**

82. Street Address (P.O. Box Number is Not Acceptable)
311 ORANGE ST.

83. P.O. Box **667**

84. City **Palm Harbor** FL 85. Zip Code **34682**

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: Thomas F. Mossion Thomas F. Mossion 3/26/96
Signature typed or printed name of registered agent and title (applicable) Date of Registered Agent signature (required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD / O CRISSMAN, SUSAN 205 SOMERSET LN PALM HARBOR FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / O BOND, LILLIAN 305 SOMERSET LN PALM HARBOR FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, SYLVIA 109 SOMERSET LN PALM HARBOR FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY PARDON 313 SOMERSET LANE PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEE, CAROL 309 SOMERSET LN PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	200001763882	
13. STREET ADDRESS	-04/01/96--01016--028	
14. CITY-ST-ZIP	***61.25	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE	V.P. / O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE	S / O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Cristina Bush	
43. STREET ADDRESS	105 Somerset Lane	
44. CITY-ST-ZIP	Palm Harbor, FL 34684	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lillian Bond Treasurer 2-18-96 791-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)