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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 34684-3301**3. Date Incorporated or Qualified
03/02/19833a. Date of Last Report
03/29/19964. FEI Number
59-2399890Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, MOSSON
311 ORANGE ST.
P.O. BOX 667
PALM HARBOR FL 34682**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CRISSMAN, SUSAN**
STREET ADDRESS **205 SOMERSET LN**
CITY - ST - ZIP **PALM HARBOR FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **TD** ☐ DELETE
NAME **BOND, LILLIAN**
STREET ADDRESS **305 SOMERSET LN**
CITY - ST - ZIP **PALM HARBOR FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **VP D** ☒ DELETE
NAME **SCOTT, SYLVIA**
STREET ADDRESS **109 SOMERSET LN**
CITY - ST - ZIP **PALM HARBOR FL**3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VP**
3.3 STREET ADDRESS **MIXER, JEAN**
3.4 CITY - ST - ZIP **807 SOMERSET LANE**
PALM HARBOR FL 34684TITLE **SD** ☐ DELETE
NAME **BUSH, CHRISTINA**
STREET ADDRESS **105 SOMERSET LANE**
CITY - ST - ZIP **PALM HARBOR FL 34684**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: **Susan Crissman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **1/24/97** Daytime Phone # **813-735-3000**
X2765

CR2E037 (9/96)