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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767258 (7)
1. Corporation Name
VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
113 SOMERSET LANE PALM HARBOR FL 34684 113 SOMERSET LANE PALM HARBOR FL 34684-3301

3. Date Incorporated or Qualified 03/02/1983 3a. Date of Last Report 03/29/1996
4. FEI Number 59-2398890 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
THOMAS, MOSSON
311 ORANGE ST.
P.O. BOX 667
PALM HARBOR FL 34682

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

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME CRISSMAN, SUSAN
STREET ADDRESS 205 SOMERSET LN
CITY-ST-ZIP PALM HARBOR FL
TITLE TD DELETE
NAME BOND, LILLIAN
STREET ADDRESS 305 SOMERSET LN
CITY-ST-ZIP PALM HARBOR FL
TITLE VP D DELETE
NAME SCOTT, SYLVIA
STREET ADDRESS 109 SOMERSET LN
CITY-ST-ZIP PALM HARBOR FL
TITLE SD DELETE
NAME BUSH, CHRISTINA
STREET ADDRESS 105 SOMERSET LANE
CITY-ST-ZIP PALM HARBOR FL 34684
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME VP MIXER, JEAN
3.3 STREET ADDRESS 807 SOMERSET LANE
3.4 CITY-ST-ZIP PALM HARBOR FL 34684
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 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 REQUIRED TO CRISSMAN 1/24/97 813-738-3000 X2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088789

CR2E037 (9/96)