

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767258

1. Entity Name

VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

113 SOMERSET LANE
PALM HARBOR FL 34684

113 SOMERSET LANE
PALM HARBOR FL 34684-3301

2. Principal Place of Business

2753 STATE ROAD 580

Suite, Apt. #, etc.

#207

City & State

CLEARWATER FL

Zip

33761

Country

3. Mailing Address

2753 STATE ROAD 580

Suite, Apt. #, etc.

#207

City & State

CLEARWATER FL

Zip

33761

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MAUREEN C. REARDON

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

2753 STATE ROAD 580 #207

City

CLEARWATER

FL

Zip Code
33761

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.

SIGNATURE

Maureen C. Reardon

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TIMBERLAKE, BRENDA
STREET ADDRESS 111 SOMERSET LANE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE TD ☐ Delete
NAME CRIDER, NORMA
STREET ADDRESS 215 SOMERSET LN
CITY-ST-ZIP PALM HARBOR FL

TITLE SD ☐ Delete
NAME SYKES, JOYCE
STREET ADDRESS 311 SOMERSET LN
CITY-ST-ZIP PALM HARBOR FL

TITLE VP ☐ Delete
NAME HOMEN, ELEANOR
STREET ADDRESS 407 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME TIMBERLAKE-FERRERA, BRENDA
STREET ADDRESS
CITY-ST-ZIP

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

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME HOMAN, ELEANOR
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME CRISSMAN, SUSAN
STREET ADDRESS 205 SOMERSET LANE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE S/D ☐ Change ☒ Addition
NAME WOODRUFF, DEBRA
STREET ADDRESS 201 SOMERSET LANE
CITY-ST-ZIP PALM HARBOR FL 34684

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:

Brenda Timberlake-Ferrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/00 727-771-8752

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2399890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required