

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767258

1. Entity Name

VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION

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

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

Principal Place of Business 113 SOMERSET LANE PALM HARBOR FL 34684	Mailing Address 113 SOMERSET LANE PALM HARBOR FL 34684-3301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2753 STATE ROAD 580 Suite, Apt. #, etc. #207	3. Mailing Address 2753 STATE ROAD 580 Suite, Apt. #, etc. #207
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33761	Country
Zip 33761	Country

4. FEI Number 59-2399890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD TIMBERLAKE, BRENDA 111 SOMERSET LANE PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRIDER, NORMA 215 SOMERSET LN PALM HARBOR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYKES, JOYCE 311 SOMERSET LN PALM HARBOR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOMEN, ELEANOR 407 SOMERSET LANE PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMBERLAKE-FERRERA, BRENDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMAN, ELEANOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRISSMAN, SUSAN 205 SOMERSET LANE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WOODRUFF, DEBRA 201 SOMERSET LANE 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

4/18/00 *727-771-8752*
 Date Daytime Phone #