

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767258**

1. Entity Name  
**VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 2753 STATE RD 580 #207 CLEARWATER FL 33761	Mailing Address 2753 STATE RD 580 #207 CLEARWATER FL 33761
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**59-2399890**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  
**REARDON MAUREEN C**  
 2753 SR 580  
 #207  
 CLEARWATER FL 33761  
 US

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE **02/26/2001**  
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	SD <input checked="" type="checkbox"/> Delete WOODRUFF DEBRA 201 SOMERSET LN PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete CRISSMAN SUSAN 205 SOMERSET LN PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOMAN ELEANOR 407 SOMERSET LANE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SYKES JOYCE 311 SOMERSET LN PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete CRIDER NORMA 215 SOMERSET LN PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIMBERLAKE BRENDA 111 SOMERSET LANE PALM HARBOR FL 34684

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition HOMAN ELEANOR 407 SOMERSET LANE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SYKES JOYCE 311 SOMERSET LN PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CRISSMAN SUSAN 205 SOMERSET LANE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TIMBERLAKE-FERRERA BRENDA 111 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)(f), 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 PD 02/26/2001**

CR2E037 (11/00)