

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
33761

FL

Mailing Address2753 STATE RD 580
#207
CLEARWATER
33761

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2399890**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**REARDON MAUREEN C
2753 SR 580
#207
CLEARWATER
33761

FL

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

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

(NOTE: Registered Agent signature required when reinstalling)

02/26/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMAN ELEANOR
STREET ADDRESS	407 SOMERSET LANE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES JOYCE
STREET ADDRESS	311 SOMERSET LN
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISSMAN SUSAN
STREET ADDRESS	205 SOMERSET LANE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMBERLAKE-FERRERA BRENDA
STREET ADDRESS	111 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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)