

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2009
Secretary of State**

DOCUMENT# 767258

Entity Name: VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-2399890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROCHE, KEVIN
Address: 103 SOMERSET LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: KRASNER, DAVID
Address: 405 SOMERSET LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: HOMAN, ELEANOR
Address: 407 SOMERSET LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Delete
Name: BAER, BOB
Address: 111 SOMERSET LANE
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: BAER, BOB
Address: 111 SOMERSET LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN ROCHE

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date