

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767258

FILED  
Apr 15, 2003  
Secretary of State

**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: TIMBERLAKE-FERRERA, BRENDA  
Address: 111 SOMERSET LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete  
Name: CRISSMAN, SUSAN  
Address: 205 SOMERSET LANE  
City-St-Zip: PALM HARBOR, FL 34684

Title: VD ( ) Delete  
Name: SYKES, JOYCE  
Address: 311 SOMERSET LN  
City-St-Zip: PALM HARBOR, FL 34684

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: SLOVER, BILL  
Address: 307 SOMERSET LN  
City-St-Zip: PALM HARBOR, FL 34684

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

PD

04/15/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date