

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767258 (7)

1. Corporation Name
VILLAS OF SOMERSET WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 113 SOMERSET LANE PALM HARBOR FL 34684	Mailing Address 113 SOMERSET LANE PALM HARBOR FL 34684
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 02/22/1995	4. FEI Number 59-2399890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent RAYBURN, LAURA J. P.A. 1968 BAYSHORE BLVD. DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name THOMAS MOSSON 82 Street Address (P.O. Box Number is Not Acceptable) 311 ORANGE ST. 83 P.O. Box 667 84 City Palm Harbor FL 85 Zip Code 34682
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Thomas F. Mossion Thomas F. Mossion 3/26/96
Signature typed or printed name of registered agent and title (applicable) Date of Registered Agent signature (required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD / <u>o</u> CRISSMAN, SUSAN 205 SOMERSET LN PALM HARBOR FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200001763882 -04/01/96--01016--028 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / <u>o</u> BOND, LILLIAN 305 SOMERSET LN PALM HARBOR FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, SYLVIA 109 SOMERSET LN PALM HARBOR FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V.P. / <u>o</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY PARDON 313 SOMERSET LANE PALM HARBOR FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	S / <u>o</u> Cristina Bush 105 Somerset Lane Palm Harbor, FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKEE, CAROL 309 SOMERSET LN PALM HARBOR FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian Bond Treasurer 2-18-96 791-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)