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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34684-3301

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 03/29/1996
4. FEI Number: 59-2398890
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: THOMAS, MOSSON, 311 ORANGE ST., P.O. BOX 667, PALM HARBOR FL 34682
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	CRISSMAN, SUSAN	1.1 TITLE	
STREET ADDRESS: 205 SOMERSET LN	PALM HARBOR FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: TD	BOND, LILLIAN	2.1 TITLE	
STREET ADDRESS: 305 SOMERSET LN	PALM HARBOR FL	2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: VP D	SCOTT, SYLVIA	3.1 TITLE	VP
STREET ADDRESS: 109 SOMERSET LN	PALM HARBOR FL	3.2 NAME	MIXER, JEAN
CITY-ST-ZIP		3.3 STREET ADDRESS	807 SOMERSET LANE
		3.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE: SD	BUSH, CHRISTINA	4.1 TITLE	
STREET ADDRESS: 105 SOMERSET LANE	PALM HARBOR FL 34684	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CRISSMAN
Daytime Phone #: 813-738-3000

CR2E037 (9/96)