

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>113 SOMERSET LANE PALM HARBOR FL 34684</b>	Mailing Address <b>113 SOMERSET LANE PALM HARBOR FL 34684</b>
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3. Date Incorporated or Qualified <b>03/02/1983</b>	
4. FEI Number <b>59-2399890</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRISSMAN, SUSAN</b>		1.2 NAME <b>TimberLake, Brenda</b>	
STREET ADDRESS <b>205 SOMERSET LN</b>		1.3 STREET ADDRESS <b>111 Somerset Ln</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>		1.4 CITY-ST-ZIP <b>Palm Harbor, FL 34684</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOND, LILLIAN</b>		2.2 NAME <b>Ferguson, Shirley</b>	
STREET ADDRESS <b>305 SOMERSET LN</b>		2.3 STREET ADDRESS <b>403 Somerset Ln</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>		2.4 CITY-ST-ZIP <b>Palm Harbor, FL 34684</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUSH, CHRISTINA</b>		3.2 NAME <b>Wells Melanie</b>	
STREET ADDRESS <b>105 SOMERSET LANE</b>		3.3 STREET ADDRESS <b>203 Somerset Ln</b>	
CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>		3.4 CITY-ST-ZIP <b>Palm Harbor FL 34684</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIXER, JEAN</b>		4.2 NAME <b>Homan, Eleanor</b>	
STREET ADDRESS <b>207 S MERSET LN</b>		4.3 STREET ADDRESS <b>407 Somerset Ln</b>	
CITY-ST-ZIP <b>PALM HARBOR FL</b>		4.4 CITY-ST-ZIP <b>Palm Harbor, FL 34684</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **X** *Brenda Timberlake* **11/6/98** **222 1164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)