

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90018 015 ****70.00

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1. Entity Name
**SOMERSET LAKES, UNIT 5, PHASE 5-B, HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**6757 55TH ST. N.
PINELLAS PARK, FL 33781**

Mailing Address
**6757 55TH ST. N.
PINELLAS PARK, FL 33781**

40061111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-2097343

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRELL, MICHAEL
6757 55TH STREET NORTH
PINELLAS PARK, FL 33781**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FARRELL, MICHAEL
STREET ADDRESS 6757 55TH STREET N
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FARRELL, JUDITH
STREET ADDRESS 6757 55TH STREET N
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☒ Change ☐ Addition
NAME **VSTD FARRELL, JUDITH**
STREET ADDRESS **6757 55 Street N**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE STD ☐ Delete
NAME FARRELL, MARY P
STREET ADDRESS 6757 55TH STREET N
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☒ Change ☐ Addition
NAME **FARRELL, MARY P**
STREET ADDRESS **6757 55 Street N**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/08 727-544-1041