

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0081487

04-04-2001 90095 039 ****61.25

DOCUMENT # N08476

1. Entity Name

SOMERSET VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2543
 DUNEDIN FL 34697

P.O. BOX 2543
 DUNEDIN FL 34697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2568694

Applied For

Not Applicable

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

ROCCO, DOMINICK
1161 SOMERSET CIR S
DUNEDIN FL 34698

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **HONEY, BARBARA**
 STREET ADDRESS **203 SOMERSET CIR N**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ROCCO, DOMINICK**
 STREET ADDRESS **1161 SOMERSET CIR. S.**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **GUERRINI-WISE, NANCY**
 STREET ADDRESS **1172 SOMERSET CIRCLE S.**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KOWHALL, BILL**
 STREET ADDRESS **223 SOMERSET CIR N**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LOPEZ, J O**
 STREET ADDRESS **210 SOMERSET CIR N**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
 NAME **LEDUC, J C**
 STREET ADDRESS **210 SOMERSET Cir. N.**
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **LUCIA GEORGE**
 STREET ADDRESS **222 SOMERSET CIR N**
 CITY-ST-ZIP **DUNEDIN, FL 34698**

12. 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 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

Dominick Rocco 4/02/01 727-733-4755

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE