2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08476

1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90178 017 ****61.25

SOMERSET VILLAS ASSOCIATION, INC.						
P.O. BOX 2543 P.O.		Mailing Address P.O. BOX 2543 DUNEDIN FL 34697	P.O. BOX 2543		I BULL BURKU KRRIK RIJU BURU BURU BURU BURU BURU	II BIBBI BIBI II IBBI
2. Principal P	Place of Business	3. Mailing Address	·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-	2568694	Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of State	us Desired	Additional uired
	6. Name and Address of Current		Nome	7. Name and Addre	ss of New Registered Agent	
DOCOO DOMENION			Name			
ROCCO, DOMINICK 1181 SOMERSET CIR S DUNEDIN FL 34698			Street Address		t Acceptable)	
DONEDIN	i FL 34696		City		FL Zip	Code
	named entity submits this statement for	or the purpose of changing its	registered office or regist	ered agent, or both, in the	e State of Florida. I am familiar v	vith, and accept
the obligat	ions of registered agent.	S. Rouge	_		1-18-03	}
SIGNATORE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)	DATE	
		6 Flootien Com			Mala Obsala Dava	
لـاه. ت	FILE NOW: FEE IS \$61.25	Trust Fund C	paign Financing ontribution.	\$5.00 May Be	Make Check Paya Florida-Department	or State
	The state of the s	Trust Fund C	ontribution.	_Added to Fees	— Florida Doparlment	of State
10.	OFFICERS AND DI	Trust Fund C		_Added to Fees	Make Creck Payar Florida Department TO OFFICERS AND DIRECTOR Char	S IN 10
10.	OFFICERS AND DI S HONEY, BARBARA	Trust Fund C	ontribution.	_Added to Fees	Florida Department TO OFFICERS AND DIRECTOR	S IN 10
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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:

1-18-03