FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15096 (3)

1. Corporation Name
SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CHARLIE SCHMORR 8436 121 AVE.N. LARGO FL 34643-9783	C/O CHARLIE SCHMORR 8436 121 AVE.N. LARGO FL 34643-9783
C/O DEBBIE COOLEY	C/O DEBBIE COOLEY
2. Principal Place of Business 21 12270 84 way N	2a. Mailing Address 26 12270 84 way N
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Largo, Fl.	City & State 28 Largo, Fl.
Zip 24 34643 Country 25	Zip 29 34643 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2684730 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMORR, CHARLIE
8436 121 AVENUE NORTH
LARGO FL 34643

10. Name and Address of New Registered Agent

81
82 (P.O. Box Number is not acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUTSINGER, BARBARA 8304-121 PLACE NORTH LARGO FL	11-14	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, SALLY 12075-83 WAY NORTH LARGO FL	21-24	Courtney Smith 12075 83 way N Largo Fl. 34643 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, TERRI 8347-121 PLACE NORTH LARGO FL	31-34	Vicki Bunday 12526 84 way N Largo, Fl. 34643 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASEY, CHRISTOPHER 8472-121 PLACE NORTH LARGO FL	41-44	Debbie Cooley 12270 84 way N. Largo, Fl. 34643 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, LOU 8417-121 PLACE NORTH LARGO FL	51-54	George Howe 8277-125 Circle N Largo FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FAZIO, LIZ 8332-121 PLACE NORTH LARGO FL	61-64	Sally Smith 12075 83 way N Largo, Fl. 34643 ☑ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Christopher Casey — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 (Date) 813 535-4399 (Daytime Phone #)

0067044