SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N15096 (3)

1. Corporation Name
SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CHARLIE SCHMOOR 12270 84 WAY N LARGO FL 34643 US	8436-121 AVE. NORTH LARGO FL 33773 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business (21):
2a. Mailing Address (26): 12270 - 84TH WAY N.
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): 33773 Country (25):
Zip (29): 33773 Country (30):

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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☑ DELETE	1.1 TITLE	D/S	☑ Change ☐ Addition
NAME	BUNDAY, VICKI		1.2 NAME	ISETT, KELLY	
STREET ADDRESS	12526 84 WAY N		1.3 STREET ADDRESS	8090 PERTH DR.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, RENE T		2.2 NAME		
STREET ADDRESS	1023-85 ST. N		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	VAIDEN, FRANK		3.2 NAME		
STREET ADDRESS	8162-124 TERR. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	SMITH, SALLY		4.2 NAME	COLEMAN, RICHARD	
STREET ADDRESS	12075 83 WAY NORTH		4.3 STREET ADDRESS	8491 - 121ST AVE. N	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	P/D	☐ DELETE	5.1 TITLE	P/D	☐ Change ☑ Addition
NAME			5.2 NAME	BARZEN, WILLIAM	
STREET ADDRESS			5.3 STREET ADDRESS	11845 - 84TH WAY N.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE		☐ DELETE	6.1 TITLE	D/VP	☐ Change ☑ Addition
NAME			6.2 NAME	MITCHELL, ALAN	
STREET ADDRESS			6.3 STREET ADDRESS	12 1ST ST. N.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LARGO, FL 33773	

CR2E037 (4/97)

14. I do 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.

(813)

SIGNATURE: _____ DATE: _____