FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State
06-16-1999 90018 028 ****61.25

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DOCUMENT # **N15096**

1. Corporation Name

SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10132 LARGO FL 33773-0132 US	P.O. BOX 10132 LARGO FL 33773-0132 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 05/27/1986

4. FEI Number: 59-2684730 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHMORR, CHARLIE
8436 121 AVENUE NORTH
LARGO FL ~~34643~~ 33773

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 _____ 6/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARTZ, AMY B		1.2 NAME		
STREET ADDRESS	12373 84TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		1.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	2.1 TITLE	DT	☐ Change ☑ Addition
NAME	MACAIONE, MARGUERITE		2.2 NAME	COLEMAN, JOAN	
STREET ADDRESS	8308 123RD AVE N		2.3 STREET ADDRESS	8491 121 AVN	
CITY-ST-ZIP	LARGO FL 33773		2.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	DV	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COUPER, MICHAEL		3.2 NAME		
STREET ADDRESS	12101 WILD ACRES		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, RICHARD		4. 2 NAME		
STREET ADDRESS	8491 - 121ST AVE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARZEN, WILLIAM		5.2 NAME		
STREET ADDRESS	11845 - 84TH WAY N		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ALAN		6.2 NAME		
STREET ADDRESS	121ST ST N		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Joan Coleman SIGNATURE REQUIRED 6/9/99 727-535-1085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #