

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90157 049 \*\*\*\*61.25

**DOCUMENT # N15096**

1. Entity Name

**SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 10132  
 LARGO FL 33773-0132  
 US

Mailing Address

P.O. BOX 10132  
 LARGO FL 33773-0132  
 US

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

**59-2684730**

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

**SCHMORR, CHARLIE**  
**8436 121 AVENUE NORTH**  
**LARGO FL 33773**

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 **DS** ☐ Delete  
 NAME **KINZER, MARIA**  
 STREET ADDRESS **8416 121ST PLACE N.**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **COLEMAN, JOAN**  
 STREET ADDRESS **8491- 121 AVE N.**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **COLEMAN, RICHARD**  
 STREET ADDRESS **8491 - 121ST AVE N**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BARZEN, WILLIAM**  
 STREET ADDRESS **11845 - 84TH WAY N**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Carol Robigette**  
 STREET ADDRESS **12175 83rd Way N.**  
 CITY-ST-ZIP **Largo, FL 33773**

TITLE **P** ☒ Delete  
 NAME **VAIDEN, FRANK**  
 STREET ADDRESS **8162 124TH TERR. N**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Fedelis Lesforis**  
 STREET ADDRESS **8129 Perth Dr.**  
 CITY-ST-ZIP **Largo, FL 33773**

TITLE **VP** ☒ Delete  
 NAME **KINZER, MARC**  
 STREET ADDRESS **8416 121ST PLACE N.**  
 CITY-ST-ZIP **LARGO FL 33773**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Karen Houle**  
 STREET ADDRESS **8403 121st Place**  
 CITY-ST-ZIP **Largo, FL 33773**

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: **KAREN HOULE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01 727 573-0088**

Date

Daytime Phone #

CR2E037 (10/00)