

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91277 038 ****61.25

DOCUMENT # N15096

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2684730

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE **LA VECCHIA, PAT** ☒ Change ☒ Addition
NAME **11803 85TH ST. NO.**
STREET ADDRESS **LARGO, FL 33773** **VICE PRESIDENT**
CITY-ST-ZIP

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

TITLE **CHILDERS, NIKKI** ☐ Change ☒ Addition
NAME **8322 121ST AVE NO**
STREET ADDRESS **LARGO, FL 33773** **SECRETARY**
CITY-ST-ZIP

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

TITLE **ALAN MITCHELL** ☐ Change ☒ Addition
NAME **8264 121ST AVE, NO**
STREET ADDRESS **LARGO, FL 33773** **DIRECTOR**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ROBINETTE, CAROL**
STREET ADDRESS **12175 836RD WAY NORTH**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE **S** ☒ Delete
NAME **LESFORIS, FEDELIS**
STREET ADDRESS **8129 PERTH DRIVE**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE **T** ☐ Delete
NAME **HOULE, KAREN**
STREET ADDRESS **8403 121ST PLACE**
CITY-ST-ZIP **LARGO FL 33773**

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

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 A. Houle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 727 573-0088

Date

Daytime Phone #

CR2E037 (9/01)