2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N15096

Entity Name: SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 10132
LARGO, FL 337730132 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10132
LARGO, FL 337730132 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	(X) Delete
Name:	ANDRES, WILLIAM	
Address:	8036 PERTH DR., NO	
City-St-Zip:	LARGO, FL 33773	
Title:	T	( ) Delete
Name:	HOULE, KAREN	
Address:	8403 121ST PL NO	
City-St-Zip:	LARGO, FL 33773	
Title:	D	( ) Delete
Name:	HOWE, GEORGE	
Address:	8277 125TH CR. NO	
City-St-Zip:	LARGO, FL 33773	
Title:	D	( ) Delete
Name:	HOULE, JAMES	
Address:	8403 121ST PL NO	
City-St-Zip:	LARGO, FL 33773	
Title:	D	( ) Delete
Name:	MILLICAN, JAMES	
Address:	8048 PERTH DR NO	
City-St-Zip:	LARGO, FL 33773	
Title:	D	(X) Delete
Name:	BILLHIMER, BOB	
Address:	8125 124TH TERR NO	
City-St-Zip:	LARGO, FL 33773	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HOULE T 04/26/2005

Electronic Signature of Signing Officer or Director — Date