

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90001 018 ****61.25

DOCUMENT # N16838 1. Entity Name PALM HARBOR SOMERSET VILLAGE ASSOCIATION, INC.					
Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US			Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 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 59-2971863	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEIGHTON, LENNARD A 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STONE, WANDA 106 ST IVES DRIVE PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GUIDA, PATRICE 2732 PENZANCE STREET PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete THOMPSON, LYN 1714 STONE HAVEN WAY TARPON SPRINGS, FL 34689				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete THOMPSON, LYNN 316 WINCHESTER WAY PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete MOENCH, JIMMY 246 ST. IVES DR PALM HARBOR, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete RICHMOND, JOE 2702 PENZANCE ST. PALM HARBOR, FL 34684				
11. ADDITIONAL OFFICERS AND DIRECTORS IN 10					
S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Moench 246 St. Ives Dr. Palm Harbor, FL 34684					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>James Moench</u> <u>Treas.</u> <u>7-17-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					