2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16838

FILED Jan 15, 2009 Secretary of State

Entity Name: PALM HARBOR SOMERSET VILLAGE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US **New Mailing Address: Current Mailing Address:** 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US FEI Number: 59-2971863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEIGHTON, LENNARD A 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MOENCH, DEBBIE MOENCH, DEBBIE Name: Name: 246 ST IVES DR Address: 246 ST IVES DR Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 Title: PD Title: () Delete () Change () Addition GUIDA, PATRICE Name: Name: Address: 2732 PENZANCE STREET Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: VPD () Delete Title: TD (X) Change () Addition KOSTANZKI, CHARLES MOENCH, JIM Name: Name: 2731 PENZANCE STREET Address: Address: 246 ST. IVES DRIVE City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 () Delete Title: SD Title: D (X) Change () Addition Name: JAIN, KUNAZ Name: RICHMOND, JOE 2706 PENZANCE ST Address: Address: 2702 PENZANCE ST City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL Title: (X) Delete Title: () Change () Addition RICHMOND, JOE Name: Name: 2702 PENZANCE ST. Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: (X) Delete Title: () Change () Addition KOEHLEER, MICHAEL Name: Name: Address: 2724 PENZANCE ST Address: PALM HARBOR, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICE GUIDA PD 01/15/2009