

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 24 AM 8:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35795** (6)
1. Corporation Name
THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
899 WOODBRIDGE DR VENICE FL 34293 **899 WOODBRIDGE DR VENICE FL 34293**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0190677** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REICH, CLIFFORD - Jim McHugh
ADVANCED MANAGEMENT, INC.
899 WOODBRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent
81 Name **Jim McHugh**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jim McHugh* DATE: **4/5/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REICH, CLIFFORD
STREET ADDRESS	899 WOODBRIDGE DR
CITY-ST-ZIP	VENICE FL
TITLE	SD
NAME	SHEEHAN, ROBERT
STREET ADDRESS	899 WOODBRIDGE DR
CITY-ST-ZIP	VENICE FL
TITLE	TD
NAME	SCHAFFER, FRANKLIN
STREET ADDRESS	899 WOODBRIDGE DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	VD
NAME	MCHUGH, JAMES
STREET ADDRESS	899 WOODBRIDGE DR
CITY-ST-ZIP	VENICE FL
TITLE	VD
NAME	CLAWSON, EILEEN
STREET ADDRESS	899 WOODBRIDGE DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McHUGH, JIM	
1.3 STREET ADDRESS	899 WOODBRIDGE DR.	
1.4 CITY-ST-ZIP	VENICE, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	H. CHARLES WARREN	
2.3 STREET ADDRESS	899 WOODBRIDGE DR	
2.4 CITY-ST-ZIP	VENICE, FL	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY HELFBICK	
3.3 STREET ADDRESS	899 WOODBRIDGE DR.	
3.4 CITY-ST-ZIP	VENICE, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT SPAFFORD	
4.3 STREET ADDRESS	899 WOODBRIDGE DR.	
4.4 CITY-ST-ZIP	VENICE, FL	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jim McHugh* DATE: **4/5/95** **813-493-0087**