

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
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: 899 WOODBRIDGE DR VENICE FL 34293  
Mailing Address: 899 WOODBRIDGE DR VENICE FL 34293

3. Date Incorporated or Qualified: 12/26/1989  
3a. Date of Last Report: 04/24/1995

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

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

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

9. Name and Address of Current Registered Agent

MCHUGH, JIM  
ADVANCED MANAGEMENT, INC.  
899 WOODBRIDGE DRIVE  
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: Douglass, Jessica  
82 Street Address (P.O. Box Number is Not Acceptable): Advanced Management Inc  
83: 899 Woodbridge Dr  
84 City: Venice FL 85 Zip Code: 34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: Jessica E. Douglass - Agent - Jessica Douglass 5-10-96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MCHUGH, JIM STREET ADDRESS: 899 WOODBRIDGE DR CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE	11 TITLE: Vice President + DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME: Drath, Fred 13 STREET ADDRESS: 899 WOODBRIDGE DR 14 CITY-ST-ZIP: VENICE, FL 34293
TITLE: VD	NAME: WARREN, H. C. STREET ADDRESS: 899 WOODBRIDGE DR CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:
TITLE: VD	NAME: HELFRICK, MARY STREET ADDRESS: 899 WOODBRIDGE DRIVE CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	31 TITLE: President + DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:
TITLE: SD	NAME: SPAFFORD, ROBERT STREET ADDRESS: 899 WOODBRIDGE DR CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE	41 TITLE: Secretary + DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 NAME: Hallman, Keith 43 STREET ADDRESS: 899 WOODBRIDGE DR 44 CITY-ST-ZIP: VENICE, FL 34293
TITLE: TD	NAME: CLAWSON, EILEEN STREET ADDRESS: 899 WOODBRIDGE DRIVE CITY-ST-ZIP: VENICE FL	<input checked="" type="checkbox"/> DELETE	51 TITLE: Treasurer + DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 52 NAME: Natiri, Silvio 53 STREET ADDRESS: 899 WOODBRIDGE DR. 54 CITY-ST-ZIP: VENICE, FL 34293
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP: Bank deposit \$61.25

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 119.07(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: Mary E. Sheffield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/14/95  
Daytime Phone: 984-493-0287  
05 6/19/96

CR2E037 (12/95)