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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90103 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N35795

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/26/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0190677
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DOUGLASS, JESSICA  
 ADVANCED MANAGEMENT, INC.  
 899 WOODBRIDGE DRIVE  
 VENICE FL 34293

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLEY, WILLIAM	1.2 NAME	O'Malley, Peter
STREET ADDRESS	899 WOODBRIDGE DR	1.3 STREET ADDRESS	899 Woodbridge Dr
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, H. C	2.2 NAME	Spafford, Robert
STREET ADDRESS	899 WOODBRIDGE DR	2.3 STREET ADDRESS	899 Woodbridge Dr
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYER, DAVE	3.2 NAME	
STREET ADDRESS	899 WOODBRIDGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEAN, EDITH	4.2 NAME	Glocken, Lawrence
STREET ADDRESS	899 WOODBRIDGE DR	4.3 STREET ADDRESS	899 Woodbridge Dr
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	VENICE, FL 34293
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATIVI, SILVIA	5.2 NAME	Nativi, Silvio
STREET ADDRESS	899 WOODBRIDGE DR	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	VENICE FL 34293	5.4 CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]* Peter O'Malley 4/23/99 941-493-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)