

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90024 019 \*\*\*\*61.25

**DOCUMENT # N35795**

1. Entity Name

**THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMI**

Principal Place of Business

Mailing Address

899 WOODBRIDGE DR  
 VENICE FL 34293

899 WOODBRIDGE DR  
 VENICE FL 34293-4313

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

**65-0190677**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **TD O'MALLEY, PETER**  
 STREET ADDRESS **899 WOODBRIDGE DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **VPD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD SPAFFORD, ROBERT**  
 STREET ADDRESS **899 WOODBRIDGE DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **RD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD SAWYER, DAVE**  
 STREET ADDRESS **899 WOODBRIDGE DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **TD Emanuel, Harold**  
 STREET ADDRESS **899 Woodbridge Dr.**  
 CITY-ST-ZIP **Venice FL 34293**

TITLE  Delete  
 NAME **SD LAWRENCE, GLACKEN**  
 STREET ADDRESS **899 WOODBRIDGE DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **VPD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD NATIOI, SILVIO**  
 STREET ADDRESS **899 WOODBRIDGE DR**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **SD Goldstein, Edith**  
 STREET ADDRESS **899 Woodbridge Dr**  
 CITY-ST-ZIP **Venice, FL 34293**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Harold Emanuel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/6/00 941-413-0287**

CRZE037 (9/99)