

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0053829

03-25-2002 90085 044 ****61.25

DOCUMENT # N35795

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0190677

Applied For

Not Applicable

Zip

Country

Zip

Country

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	VPD	<input type="checkbox"/> Delete
NAME	DRATH, FORD	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPAFFORD, ROBERT	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EMANUEL, HAROLD	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FISCHER, HENRY	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, EDITH	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drath, Ford	
STREET ADDRESS	899 Woodbridge Dr.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGuckin, horriane	
STREET ADDRESS	899 Woodbridge Dr.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Spafford* **ROBERT SPAFFORD** 941-493-007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)