2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # N35795 1. Entity Name THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.								03-12-20	04 9003	6 048 ****6	1.25	
Principal Place of Business 899 WOODBRIDGE DR VENICE, FL 34293 Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293 VENICE, FL 34293												
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				02272004	Chg-NP	CR2	E037 (10/03)		
City & State			Cit	City & State				4. FEI Number 65-019				plied For t Applicable
Zip	Country		Zip		Cou	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add	
	6. Name	and Address of Curren	t Registere	d Agent			J	7. Name and	Address of Ne	w Register		
DOLIGI AS	C ICCCI	CA	-		 -	~Name			-			
DOUGLASS, JESSICA ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
VENICE, F	L 34293			City							Zip Code	e
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	tions of regist	y submits this statement thereof agent.	or the purp	ose of changing its	register	eo onice o	registeri	ed agent, or bot	n, in the state of	i Fiorida, 1	am iamiliar with,	and accept
SIGNATURE .	·			<u> </u>								
~	Cinnetine house											
	Signature, typeo	t or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)		DA	TE	
	Filing Fe	pe is \$61.25 May 1, 2004	nt and trile if app	9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May B Added to Fees	e F	Make ch	reck payable to partment of SI	
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Honda 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 of trustee empowered to execute this theorit 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 941-493-0387