


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 048 ****61.25

DOCUMENT # N35795							
1. Entity 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		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 <input type="checkbox"/>				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POYER, THOMAS		NAME				
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, ROBERT		NAME				
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FISCHER, HENRY		NAME	SHEEHAN, EDITH			
STREET ADDRESS	899 WOODBRIDGE DR		STREET ADDRESS	899 WOODBRIDGE DR			
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KORFAS, MARLENE		NAME	KORFAS, MARLENE			
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORLETT, THOMAS		NAME	CORLETT, THOMAS			
STREET ADDRESS	899 WOODBRIDGE DR.		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	EBERT, JUDITH			
STREET ADDRESS			STREET ADDRESS	899 WOODBRIDGE DR			
CITY-ST-ZIP			CITY-ST-ZIP	VENICE, FL 34293			
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: <u>Robert Foster</u>		Robert Foster		4/8/05 941-493-0287			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

