## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35795

FILED Mar 09, 2009 Secretary of State

Entity Name: THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

899 WOODBRIDGE DR VENICE, FL 34293

**Current Mailing Address: New Mailing Address:** 

899 WOODBRIDGE DR VENICE, FL 34293

FEI Number: 65-0190677 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA 899 WOODBRIDGE DR VENICE, FL 34293

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete SHEEHAN, EDITH WHALEN, DANIEL Name: Name: 899 WOODBRIDGE DR. Address: 899 WOODBRIDGE DR. Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: () Change () Addition

JACKSON, JOHN Name: Name: Address: 899 WOODBRIDGE DR. Address: City-St-Zip: VENICE, FL 34293 City-St-Zip:

Title: () Delete Title: SD (X) Change ( ) Addition

MANOIS, SUZANNE MAROIS, SUZANNE Name: Name: 899 WOODRIDGE DRIVE Address: Address: 899 WOODRIDGE DRIVE City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

( ) Delete Title: VPD Title: VPD (X) Change ( ) Addition

Name: GLACKEN, LAWRENCE Name: O'MALLEY, MAUREEN 899 WOODBRIDGE DR 899 WOODBRIDGE DR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: () Delete Title: (X) Change ( ) Addition

EBERT, JUDY WHITFIELD, ALAN Name: Name: 899 WOODBRIDGE DR 899 WOODBRIDGE DR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JACKSON TD 03/09/2009