

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35795

FILED  
Mar 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

899 WOODBRIDGE DR  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

899 WOODBRIDGE DR  
VENICE, FL 34293

**New Mailing Address:**

FEI Number: 65-0190677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHALEN, DANIEL  
Address: 899 WOODBRIDGE DR.  
City-St-Zip: VENICE, FL 34293

Title: TD  
Name: SHANKIE, GERALD  
Address: 899 WOODBRIDGE DR.  
City-St-Zip: VENICE, FL 34293

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

Title: SD  
Name: FOSTER, ROBERT  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: GLACKEN, LAWRENCE  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: DANIEL WHALEN

PD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date