

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006436

1. Entity Name

SOMERSET-WEST SHORE RESIDENTIAL ASSOCIATION, INC

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90023 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 37634  
PENSACOLA FL 32526-0634

P.O. BOX 37634  
PENSACOLA FL 32526-0634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3511057

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

CANAVELLO, ROBERT R  
5765 TALQUIN AVE.  
PENSACOLA FL 32526

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 **P** ☐ Delete  
NAME **ROSS, JERRY**  
STREET ADDRESS **5965 MIFFLIN AVE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **P** ☒ Change ☐ Addition  
NAME **RUSH, JAMES**  
STREET ADDRESS **5918 SOMERSET DR**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **VP** ☐ Delete  
NAME **SELBY, BOB**  
STREET ADDRESS **5635 W SHORE DR**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VP** ☒ Change ☐ Addition  
NAME **MARCINIAK, EDWARD**  
STREET ADDRESS **5780 WEST SHORE DR**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **S** ☐ Delete  
NAME **MCKAIN, HAZEL**  
STREET ADDRESS **2156 YARDLEY DR**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **S / T** ☒ Change ☐ Addition  
NAME **CANAVELLO, ROBERT**  
STREET ADDRESS **5765 TALQUIN AVE**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **T** ☐ Delete  
NAME **CANAVELLO, ROBERT**  
STREET ADDRESS **5765 TALQUIN AVE**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Change ☐ Addition  
NAME **ROUSCHE, ROBERT**  
STREET ADDRESS **5720 TALQUIN AVE**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **D** ☐ Delete  
NAME **WEIT, THELMA**  
STREET ADDRESS **2155 YARLDEY DR**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☒ Change ☐ Addition  
NAME **BROUGHTON, DAVID**  
STREET ADDRESS **5629 TALQUIN AVE**  
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **D** ☒ Delete  
NAME **POLASKI, RAYMOND**  
STREET ADDRESS **5963 W SHORE DR**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Change ☐ 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:

**SIGNATURE**  
Robert R. Canavella

March 4, 2000

850-470-9416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)