

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90016 040 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 728423</b>                                    |  |
| 1. Entity Name<br><b>SOMERSET CONDOMINIUM NO. SIX, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2861 SOMERSET DR<br/>LAUDERDALE LAKES FL 33311</b> | Mailing Address<br><b>2861 SOMERSET DR<br/>LAUDERDALE LAKES FL 33311</b> |
|--|--|

**JUL16011**



1st MOORE CR2E037 (10/04)

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1579233</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>   |
| <b>BAKALAR, BROUGH &amp; CHADROW, P.A.<br/>2240 WEST 70TH AVENUE, SUITE D<br/>FORT LAUDERDALE FL 33317</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b>                                    |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS               |  |
|--|--|
| TITLE<br>PD                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>HAWE, LAURA                      |  |
| STREET ADDRESS<br>2861 SOMERSET DR       |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311 |  |
| TITLE<br>PVD                             | <input checked="" type="checkbox"/> Delete |
| NAME<br>BEAUCAGE, MARIE-CLAIRE           |  |
| STREET ADDRESS<br>2861 SOMERSET DRIVE    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311 |  |
| TITLE<br>DT                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>ALFRED-MASON, MARCIA             |  |
| STREET ADDRESS<br>2861 SOMERSET DRIVE    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311 |  |
| TITLE<br>DS                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>CLAIRE BEAUCAGE, MARIE           |  |
| STREET ADDRESS<br>2861 SOMERSET DRIVE    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311 |  |
| TITLE                                    | <input type="checkbox"/> Delete            |
| NAME                                     |  |
| STREET ADDRESS                           |  |
| CITY-ST-ZIP                              |  |
| TITLE                                    | <input type="checkbox"/> Delete            |
| NAME                                     |  |
| STREET ADDRESS                           |  |
| CITY-ST-ZIP                              |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>BEAUCAGE, MARIE                               |  |
| STREET ADDRESS<br>2861 SOMERSET DR                    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES, FL 33311             |  |
| TITLE<br>VPD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>YVON COLIERETTE                               |  |
| STREET ADDRESS<br>2861 SOMERSET DR                    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES, FL 33311             |  |
| TITLE<br>TD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>JOANNE SCHERMERHOOD                           |  |
| STREET ADDRESS<br>2861 SOMERSET DR                    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311              |  |
| TITLE<br>SD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>RENE MALAVE                                   |  |
| STREET ADDRESS<br>2861 SOMERSET DR                    |  |
| CITY-ST-ZIP<br>LAUDERDALE LAKES FL 33311              |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joanne Schermehood* 1-24-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #