


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90033 040 \*\*\*\*61.25

**DOCUMENT # 728423**

1. Entity Name  
**SOMERSET CONDOMINIUM NO. SIX, INC.**



Principal Place of Business  
**2861 SOMERSET DRIVE  
 LAUDERDALE LAKES, FL 33311**


Mailing Address  
**2861 SOMERSET DRIVE  
 LAUDERDALE LAKES, FL 33311**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1579233**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROUGH, CHADROW & LEVINE, P.A.  
 GLOBAL COMMERCE CENTER  
 1900 NORTH COMMERCE PARKWAY  
 WESTON, FL 33326**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEAUCAGE, MARIE	
STREET ADDRESS	2861 SINERSET DR	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLLETETTE, YVON	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHERMERHORN, JOANNE	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALAVE, RENE	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	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		<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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIGNE, MAURICE	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	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 exemptions contained 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 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:** Maurice Lavigne **MAURICE LAVIGNE** 1/6/2006 954-731-5383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #