


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 040 ****61.25

DOCUMENT # 728423
1. Entity Name
SOMERSET CONDOMINIUM NO. SIX, INC.



40001855



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

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

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

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

City & State
City & State

Zip Country Zip Country

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, 2008**

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 SOMERSET DR.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COLLERETTE, YVON	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAVIGNE, MAURICE	
STREET ADDRESS	2861 SOMERSET DRIVE	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEENTEE, PEGGY	
STREET ADDRESS	2861 SOMERSET DR.	
CITY-ST-ZIP	FORT LAUDERDALE, 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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEENTEE, PEGGY	
STREET ADDRESS	2861 SOMERSET DR.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33311	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERMERHORN, JOANN	
STREET ADDRESS	2861 SOMERSET DR.	
CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33311	
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) 1/8/2008 954-731-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #