

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

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90002 007 \*\*\*\*61.25

40097342



<b>DOCUMENT # N05000008873</b>					
1. Entity Name SOMERSET OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13100 WESTLINKS TERR FT MYERS, FL 33913			Mailing Address 13100 WESTLINKS TERR FT MYERS, FL 33913		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OSMOND, SCOTT 13100 WESTLINKS TERR FT MYERS, FL 33913				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMOND, SCOTT			NAME	Clark, Kevin
STREET ADDRESS	13100 WESTLINKS TERR			STREET ADDRESS	13100 Westlinks Terr
CITY-ST-ZIP	FT MYERS, FL 33913			CITY-ST-ZIP	Ft. Myers, FL 33913
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASH, NORMAN			NAME	
STREET ADDRESS	13100 WESTLINKS TERR			STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33913			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STEVE			NAME	
STREET ADDRESS	13100 WESTLINKS TERR			STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33913			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:				Date: 06/28/06 Daytime Phone #: 2395615018	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



40097342  
# N050000883

**LETTER OF TRANSMITTAL**

**Date: 6/26/06**

**Florida Department of State**

**Division of Corporations**

**2661 Executive Center Circle**

**Tallahassee, FL 32301**

<b>ORIGINALS</b>	<b>COPIES</b>	<b>DESCRIPTION</b>
<b>1</b>		<b>Annual Rpt Ranch of Buckingham Check for \$61.258</b>
<b>1</b>		<b>Annual Rpt Somerset Check for \$61.25</b>

*Jeanie Kazel*

*Land Administrator/Coordinator*