2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000651

SOMERSET COVE HOMEOWNERS' ASSOCIATION, INC.

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

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90155 017 ****61.25

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12323 SW 51 COOPER CITY	K MANAGEMENT SERVICES 5TH ST., SUITE 1002 7, FL 33330	12323 SW 55TH	Mailing Address % LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002 COOPER CITY, FL 33330								
2. Principal Place of Business 3. Mailing Address			3					# 15 55	6 1 6 5 <u>1</u> 1		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			04072005 Chg-NP CR2E037 (10/03)					
City & State		City & State				4. FEI Number Applied For 65-1024461 Not Applied be					
Zip	Country	Zip Co.		untry		5. Certificate o	itional				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BAKALAR, BROUGH & CHADROW, PA 150 SOUTH PINE ISLAND BLVD, SUITE 540 PLANTATION, FL 33324-2669			Name								
			Street Address (P.O. Box Number is Not Acceptable)								
I ENNIAN	ON, 1 L 30324-2003										
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut					\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	OFFICERS AND DIF	RECTORS	11.		Ą	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE	P	☐ Dele						[☐ Change	Addition	
NAME STREET ADDRESS	MAZELIN, ALFREDA 12864 SW 5D ST		NAM	EET ADORESS							
CITY-ST-ZIP	MIRAMAR, FL 33027			-\$1-ZIP							
TITLE	D	D Dele		-			-	[☐ Change	☐ Addition	
NAME	MARTINEZ, CARLOS		NAM					•			
STREET ADORESS	4963 SW 128 TERR		STRI	EET ADDRESS							
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY	'-ST-ZiP							
TITLE	SD	☐ Dele		· •	VPI	D		ı	Change	Addition-	
NAME STREET ADDRESS	ROSS, TIFFANY 12862 SW 50 STREET		NAM	eet address							
CITY-ST-ZIP	MIRAMAR, FL 33027			-ST-ZIP							
TITLE	TD	Dele							Change	Addition	
NAME	HERRERA, GISELLA	La Dek	NAN					Ĺ	Change		
STREET ADDRESS	12880 SW 50 STREET		STR	EET ADDRESS							
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY	r-ST-ZIP							
TITLE	VD	☐ Dele	ite TITL	E	ST	D			Change	Addition	
NAME	BRYANT, LINDA		NAM		,						
STREET ADDRESS	12902 SW 50 STREET			EET ADORESS							
CITY-ST-ZIP	MIRAMAR, FL 33027			/-ST-ZIP					_	-/	
TITLE	D Change	☐ Dele						(Change	Addition	
NAME STREET ADDRESS	WILLIE CHIRING	ut	NAW STR	EET ADDRESS							
CITY-ST-ZIP	miramar, Plos	184 37A2T		-ST-ZIP							
CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the received or trustee empowered to execute this eport 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 AND TYPED OR PRINTED NAME OF FFICER OR DIRECTOR