2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000651

1. Entity Name

SOMERSET COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
% LANDMARK MANAGEMENT SERVICES
12323 SW 55TH ST., SUITE 1002
COOPER CITY EL 33330

Mailing Address

% LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002

COOPER CITY, FL 33330 COOPER CITY, FL 33330												
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04062006	Chg-NP	CR2E0	37 (11/05)		
City & State			City & State				4. FEI Number Applied For 65-1024461 Not Applicable					
Zip Country			Zi _l	Zip		intry	5. Certificate	of Status Desired		\$8.75 Add	litional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
DAIZALAD DDOUGLE CHADDONA DA						Name Street Address (P.O. Box Number is Not Acceptable)						
BAKALAR, BROUGH & CHADROW, PA 150 SOUTH PINE ISLAND BLVD, SUITE 540 PLANTATION, FL 33324-2669												
						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 age	nt and title if app	plicable (NOT	Registere	d Agent sig∵ature req.	uired when reinstating)	<u> </u>	DATE			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B					
10.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10		
TITLE	Р			Delete	TITLE			••••	_	☐ Change	Addition	
NAME	MAZELIN, ALFREDA			NAM		E						
STREET ADDRESS		12864 SW 5D ST										
CITY-ST-ZIP						ET ADDRESS						
	MIRAMAR,	FL 33027	_			ET ADDRESS -ST-ZIP						
TITLE	MIRAMAR, D	FL 33027		Delete		-ST-ZIP				Change	Addition	
NAME	D MARTINEZ	, CARLOS		Delete	CITY TITLE NAM	-ST-ZIP				Change	Addition	
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12. Thereby 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 out; 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.

STREET ADDRESS.

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06 (786) 877-7122

FILED

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90400 012 ****61.25

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