

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42290** (9)  
1. Corporation Name  
**SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 593184  
ORLANDO FL 32859**

Mailing Address  
**P O BOX 593184  
ORLANDO FL 32859**

2. Principal Place of Business  
21 **498 Palm Springs Dr.**  
Suite, Apt. #, etc.  
22 **Ste. 270**  
City & State  
23 **Altamonte Springs, FL**  
Zip Country  
24 **32701** 25 **Seminole**  
26 **498 Palm Springs Dr.**  
Suite, Apt. #, etc.  
27 **Ste. 270**  
City & State  
28 **Altamonte Springs, FL**  
Zip Country  
29 **32701** 30 **Seminole**

3. Date Incorporated or Qualified  
**02/25/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0085314**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARON, ARTHUR  
640 N HILLSIDE AVE  
ORLANDO FL 32803**

B1 Name  
**James W. Boyle, c/o The Condo Depot**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**498 Palm Springs Dr., #270**  
B3 **Altamonte Springs, FL 32701**  
B4 City  
**FL** B5 Zip Code  
**32701**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

**James W. Boyle**  
(NOTE: Registered Agent signature required when reinstating)

**4/16/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRADLEY, ALAN S.	7505 SOMERSET SHORES CT	ORLANDO FL	<input type="checkbox"/>
VD	EVERS, ROSS E.	7427 SOMERSET SHORES CT	ORLANDO FL	<input type="checkbox"/>
D	HARPER, DANIEL R.	7428 SOMERSET SHORES CT	ORLANDO FL	<input type="checkbox"/>
T	ENRIQUEZ, SONIA	7349 SOMERSET SHORES CT	ORLANDO FL	<input type="checkbox"/>
S	EL-MAKSOU, DONNA	7565 SOMERSET SHORES CT	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Charles Lentz	7515 Somerset Shores Ct.	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Karen Fitzgerald	7452 Somerset Shores Ct.	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Jacqueline Wexler	7529 Somerset Shores Ct.	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**100001802261**

**-05/01/96--01007--021** Change ☐ Addition ☐

**\*\*\*\$61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

**Charles J. Lentz**  
Signature typed or printed name of signing officer or director

**4/24/96**  
Date

**407-345-8559**  
Daytime Phone #

CR2E037 (12/95)