

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
**498 PALM SPRINGS DR
SUITE 270
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

65-0085314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLE, JAMES W
498 PALM SPRINGS DR
SUITE 270
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **BRADLEY, ALAN S.**
STREET ADDRESS **7505 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE

NAME **LENTZ, CHARLES**
STREET ADDRESS **7515 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☒ DELETE

NAME **FITZGERALD, KAREN**
STREET ADDRESS **7452 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☒ DELETE

NAME **WEXLER, JACQUELINE**
STREET ADDRESS **7629 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE

NAME **EL-MAKSOU, DONNA**
STREET ADDRESS **7665 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Grant Healy
7523 Somerset Shores Ct.
Orlando, FL 32819

D
Charlotte K. Cohen
7553 Somerset Shores Ct.
Orlando, FL 32819

14. 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 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 registered agent 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 changed, or on an attachment with an address.

SIGNATURE:

1-18-98

CR2E037 (10/97)