

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42290**

1. Corporation Name

**SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90078 038 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0602 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
BRADLEY, ALAN S.  
7505 SOMERSET SHORES CT  
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
LENTZ, CHARLES  
7515 SOMERSET SHORES CT  
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
HEALY, GRANT  
7523  
ORLANDO FL 32819**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
COHEN, CHARLOTTE K.  
7553  
ORLANDO FL 32819**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
Kavcak, Mike  
7541 Somerset Shores Ct.  
Orlando, FL 32819**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
Dirksen, Linda  
7422 Somerset Shores Ct.  
Orlando, FL 32810**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**TD  
Bradley, Alan S.  
7505 Somerset Shores Ct.  
Orlando, FL 32819**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**PD  
Healy, Grant  
7523 Somerset Shores Ct.  
Orlando, FL 32819**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**SD  
Kavcak, Mike  
7541 Somerset Shores Ct.  
Orlando, FL 32819**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D  
Dirksen, Linda  
7422 Somerset Shores Ct.  
Orlando, FL 32810**

☐ Change ☒ Addition

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/8/99**

Daytime Phone #

CR2E037 (11/98)

0012520