

DOCUMENT # N42290

1. Entity Name

SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

498 PALM SPRINGS DR
SUITE 270
ALTAMONTE SPRINGS FL 32701498 PALM SPRINGS DR
SUITE 270
ALTAMONTE SPRINGS FL 32701-7805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0085314

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-00

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	BRADLEY, ALAN S.	7505 SOMERSET SHORES CT	ORLANDO FL 32819	<input checked="" type="checkbox"/>
SD	KAVCAK, MIKE	7541 SOMERSET SHORES CT	ORLANDO FL 32819	<input type="checkbox"/>
PD	HEALY, GRANT	7523 SOMERSET SHORES CT	ORLANDO FL 32819	<input type="checkbox"/>
D	COHEN, CHARLOTTE K.	7553 SOMERSET SHORES CT	ORLANDO FL 32819	<input type="checkbox"/>
D	DIRKSEN, LINDA	7422 SOMERSET SHORES CT	ORLANDO FL 32810	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TD	Frank Ferguson	7547 Somerset Shores Ct.	Orlando, FL 32819	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Kavcak, Mike	7541 Somerset Shores Ct.	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
PD	Healy, Grant	7523 Somerset Shores Ct.	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
D	Cohen, Charlotte	7533 Somerset Shores Ct.	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
VPD	Dirksen, Linda	7422 Somerset Shores Ct.	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)