

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42290

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, FRANK	
STREET ADDRESS	7547 SOMERSET SHORES CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KAVCAK, MIKE	
STREET ADDRESS	7541 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, TOM	
STREET ADDRESS	7307 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, CHARLOTTE K.	
STREET ADDRESS	7553 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIRKSEN, LINDA	
STREET ADDRESS	7422 SOMERSET SHORES CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steinmetz, Dennis	
STREET ADDRESS	7523 Somerset Shores Ct.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCommon, Becky	
STREET ADDRESS	7433 Somerset Shores Ct.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collinsworth, Abe	
STREET ADDRESS	7349 Somerset Shores Ct.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dirksen, Linda	
STREET ADDRESS	7422 Somerset Shores Ct.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2002 407-257-5086

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90094 012 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)