

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90031 050 \*\*\*\*61.25

**DOCUMENT # N42290**

1. Entity Name  
**SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**668 N ORLANDO AVE  
STE 105  
MAITLAND, FL 32751**

Mailing Address  
**668 N ORLANDO AVE  
STE 105  
MAITLAND, FL 32751**

2. Principal Place of Business  
**901 N. Lake Destiny Drive  
Suite, Apt. #, etc.  
Suite 110**

3. Mailing Address  
**901 N. Lake Destiny Drive  
Suite, Apt. #, etc.  
Suite 110**

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country  
**USA**

Zip  
**32751**

Country  
**USA**

03122004 Chg-NP CR2E037 (10/03)

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**

**MORBITZER COMMUNITIES, INC.  
668 N. ORLANDO AVE., STE 105  
MAITLAND, FL 32751**

**7. Name and Address of New Registered Agent**

Name  
**Robin L. Webb**

Street Address (P.O. Box Number is Not Acceptable)  
**901 N. Lake Destiny Drive**

Suite 110

City  
**Maitland**

FL

Zip Code  
**32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/19/2004**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
**SD** ☒ Delete  
NAME  
**DIRKSEN, LINDA**  
STREET ADDRESS  
**7422 SOMERSET SHORES CT**  
CITY - ST - ZIP  
**ORLANDO, FL 32819**

TITLE  
**D** ☐ Delete  
NAME  
**MCCOMMON, BECKY**  
STREET ADDRESS  
**7433 SOMERSET SHORES CT**  
CITY - ST - ZIP  
**ORLANDO, FL 32819**

TITLE  
**PD** ☒ Delete  
NAME  
**STEINMETZ, DENNIS**  
STREET ADDRESS  
**7523 SOMERSET SHORES CT**  
CITY - ST - ZIP  
**ORLANDO, FL 32819**

TITLE  
**TD** ☒ Delete  
NAME  
**JAMES, BONNIE**  
STREET ADDRESS  
**7565 SOMERSET SHORES CT**  
CITY - ST - ZIP  
**ORLANDO, FL 32818**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY - ST - ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
**PD** ☐ Change ☒ Addition  
NAME  
**DuRose, Richard**  
STREET ADDRESS  
**7421 Somerset Shores Court**  
CITY - ST - ZIP  
**Orlando, FL 32819**

TITLE  
**VPD** ☐ Change ☒ Addition  
NAME  
**Sylvain, Rick**  
STREET ADDRESS  
**7535 Somerset Shors Court**  
CITY - ST - ZIP  
**Orlando, FL 32819**

TITLE  
**SDT** ☐ Change ☒ Addition  
NAME  
**Williamson, Joy**  
STREET ADDRESS  
**7445 Somerset Shores Court**  
CITY - ST - ZIP  
**Orlando, FL 32819**

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY - ST - ZIP

TITLE  
☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY - ST - ZIP

TITLE  
☐ Change ☐ 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

Date

Daytime Phone #