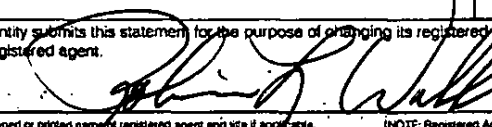


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-18-2005 90067 009 ****61.25

DOCUMENT # N42290					
1. Entity Name SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751			Mailing Address 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751		
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		
MORBITZER COMMUNITIES, INC. 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751			Name Webb, Robin L. 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  (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	DUROSE, RICHARD		NAME	Haggerty, Linda	
STREET ADDRESS	7421 SOMERSET SHORES CT		STREET ADDRESS	7403 Somerset Shores Court	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	MCCOMMON, BECKY		NAME	Ricci, Joseph	
STREET ADDRESS	7433 SOMERSET SHORES CT		STREET ADDRESS	7463 Somerset Shores Court	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	SDT	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	WILLIAMSON, JOY		NAME		
STREET ADDRESS	7445 SOMERSET SHORES CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	SYLVAIN, RICK		NAME		
STREET ADDRESS	7535 SOMERSET SHORES CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE Daytime Phone #					

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01252005 Chg-NP CR2E037 (10/03)