2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2005 8:00 am
Secretary of State
02-18-2005 90067 009 ****61.25

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01252005 Chg-NP CR2E037 (10/03)

DOCUMENT # N42290

1. Entity Name
SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751	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

MORBITZER COMMUNITIES, INC.
901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUROSE, RICHARD 7421 SOMERSET SHORES CT ORLANDO, FL 32819	☒ Delete	TD Haggerty, Linda 7403 Somerset Shores Court Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOMMON, BECKY 7433 SOMERSET SHORES CT ORLANDO, FL 32819	☒ Delete	VPD Ricci, Joseph 7463 Somerset Shores Court Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT WILLIAMSON, JOY 7445 SOMERSET SHORES CT ORLANDO, FL 32819	☐ Delete	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SYLVAIN, RICK 7535 SOMERSET SHORES CT ORLANDO, FL 32819	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 #