


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 026 ****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		Country		04102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0085314				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 HAGGERTY, LINDA 7403 SOMERSET SHORES COURT ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICCI, JOSEPH 7463 SOMERSET SHORES COURT ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		PD Ricci, Joe 7463 Somerset Shores Court Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMSON, JOY 7445 SOMERSET SHORES CT ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		VPD Steinmetz, Deborah 7523 Somerset Shores Court Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SYLVAIN, RICK 7535 SOMERSET SHORES CT ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		SD Nolan, Barbara 7433 Somerset Shores Court Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TD Haggerty, Linda 7403 Somerset Shores Court Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					