2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42290

FILED Feb 11, 2009 Secretary of State

Entity Name: SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 FEI Number: 65-0085314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RICCI, JOE STEINMETZ, DEBORAH Name: Name: 7463 SOMERSET SHORES CT Address: 7523 SOMERSET SHORES CT Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: VD () Delete Title: VD (X) Change () Addition STEINMETZ, DEBORAH Name: PARKS, WILLIAM Name: Address: 7523 SOMERSET SHORES CT Address: 8236 VIA BELLA NORTE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition HAGERTY, LINDA Name: Name: 7403 SOMERSET SHORES CT Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BRADLEY, ALAN Name: RICCI, SUSAN 7676 MUNICIPAL DR 14765 MICHIGAN AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: DEARBORN, MI 48126 Title: () Delete Title: () Change (X) Addition BRADLEY, ALAN Name: Name: 7676 MUNICIPAL DRIVE Address: Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED MERCED COMP 02/11/2009