

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711683

**Entity Name:** THE SOMERSET OF GULF STREAM, INC.**Current Principal Place of Business:**2613 N OCEAN BLVD  
GULFSTREAM, FL 33483**Current Mailing Address:**2613 N OCEAN BLVD  
GULFSTREAM, FL 33483**FEI Number:** 59-1157002**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODACH, GARY  
2613 N OCEAN BLVD  
GULFSTREAM, FL 33483 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**Officer/Director Detail :**

Title	TD
Name	GAMBLE, THEODORE
Address	2613 N OCEAN BLVD
City-State-Zip:	GULFSTREAM FL

Title	SD
Name	STEWART, PATRICIA
Address	2613 N OCEAN BLVD.
City-State-Zip:	GULF STREAM FL 33483

Title	VPD
Name	MCDUGALL, JOHN
Address	2613 N OCEAN BLVD
City-State-Zip:	GULF STREAM FL

Title	PD
Name	WIBBLESMAN, ROBERT
Address	2613 N OCEAN BLVD
City-State-Zip:	GULFSTREAM FL

Title	D
Name	STOPHER, CATHY
Address	2613 N. OCEAN BLVD
City-State-Zip:	GULF STREAM FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** THEODORE GAMBLE

TD

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date