

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008873

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC0215190094**

**Entity Name:** SOMERSET OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11691 GATEWAY BOULEVARD, SUITE 203  
FT MYERS, FL 33913

**Current Mailing Address:**

11691 GATEWAY BOULEVARD, SUITE203  
FT MYERS, FL 33913 US

**FEI Number:** 20-5068052

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VISION ASSOCIATION MANAGEMENT, INC.  
11691 GATEWAY BOULEVARD, SUITE203  
FT MYERS, FL 33913 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 P  
Name BIAGGIO, RINALDI  
Address C/O 11691 GATEWAY BOULEVARD  
SUITE 203  
City-State-Zip: FT MYERS FL 33913

Title T, SECRETARY  
Name CHADWICK, LORI  
Address C/O 11691 GATEWAY BLVD.,  
STE 203  
City-State-Zip: FORT MYERS FL 33913

Title VP  
Name WALKER, KRISTEN  
Address 11691 GATEWAY BOULEVARD, SUITE  
203  
City-State-Zip: FT MYERS FL 33913

*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:** BIAGGIO , RINALDI

P

04/23/2018

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

\_\_\_\_\_  
Date