

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 711683

1. Entity Name
THE SOMERSET OF GULF STREAM, INC.



Principal Place of Business
**2613 N OCEAN BLVD
GULFSTREAM, FL 33483**

Mailing Address
**2613 N OCEAN BLVD
GULFSTREAM, FL 33483**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1157002

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELLO, DORIS P
2613 N OCEAN BLVD
GULFSTREAM, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTRELL, THOMAS 2613 N OCEAN BLVD GULFSTREAM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, FRANCIS G 2613 N OCEAN BLVD. GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, KATHERINE 2613 N OCEAN BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOX, AMIE 2613 N OCEAN BLVD GULFSTREAM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIEMER, LOUISE 2613 N. OCEAN BLVD GULF STREAM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELLO, DORIS P 2613 N OCEAN BLVD GULFSTREAM, FL

**DO NOT WRITE
IN THIS SPACE**

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:

Doris P. Mello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

561-278-3724

Daytime Phone #