

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711683

FILED
Mar 15, 2009
Secretary of State

Entity Name: THE SOMERSET OF GULF STREAM, INC.

Current Principal Place of Business:

2613 N OCEAN BLVD
GULFSTREAM, FL 33483

New Principal Place of Business:

Current Mailing Address:

2613 N OCEAN BLVD
GULFSTREAM, FL 33483

New Mailing Address:

FEI Number: 59-1157002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: STD () Delete
Name: GAMBLE, THEODORE
Address: 2613 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL

Title: D () Delete
Name: STEWART, PATRICIA
Address: 2613 N OCEAN BLVD.
City-St-Zip: GULF STREAM, FL 33483

Title: D () Delete
Name: MCDOUGALL, JOHN
Address: 2613 N OCEAN BLVD
City-St-Zip: GULF STREAM, FL

Title: VPD () Delete
Name: WIBBLESMA, ROBERT
Address: 2613 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL

Title: PD () Delete
Name: RIEMER, LOUISE
Address: 2613 N. OCEAN BLVD
City-St-Zip: GULF STREAM, FL

Title: ST () Delete
Name: MELLO, DORIS P,
Address: 2613 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DORIS P MELLO

AST

03/15/2009

Electronic Signature of Signing Officer or Director

Date