


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90030 037 \*\*\*\*61.25

<b>DOCUMENT # 725783</b> 1. Entity Name <b>SOMERSET CONDOMINIUM NO. ONE, INC.</b>					
Principal Place of Business <b>2821 SOMERSET DR LAUDERDALE LAKES, FL 33311</b>			Mailing Address <b>2821 SOMERSET DR LAUDERDALE LAKES, FL 33311</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1579217</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGRINSONI, LUIS 2821 SOMERSET DR #108 LAUDERDALE LAKES, FL 33316-1929</b>				7. Name and Address of New Registered Agent Name <b>DIANE L. BASS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2821 SOMERSET DRIVE</b> City <b>LAUDERDALE LAKES</b> FL <b>33311</b>	
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 <i>Diane L. Bass</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGRINSONI, LUIS 2821 SOMERSET DR., #108 FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIANE BASS 2821 SOMERSET DRIVE #103 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIMAGGIO, JOYCE 4945 NW 48TH AVE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP J. PIERRE POULIN 2821 SOMERSET DRIVE #305 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGRINSONI, CARMEN 2821 SOMERSET DR #108 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LYNN FASS 2821 SOMERSET DRIVE #416 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEWITT, HIERMAN 2821 SOMERSET DR #412 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JULES LEMIEUX 2821 SOMERSET DRIVE #300 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, MS. ALBERTA 2821 SOMERSET DR #400 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SANDRA KENT 2821 SOMERSET DRIVE #409 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, EUGENE 2821 SOMERSET DR #214 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MAIDY KLEEMAN 2821 SOMERSET DRIVE #116 LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Lynn Fass</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-09-08 954-739-4884 <small>Date Daytime Phone</small>		