

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728421

FILED
Mar 29, 2012
Secretary of State

Entity Name: SOMERSET CONDOMINIUM NO. THREE, INC.

Current Principal Place of Business:

2811 SOMERSET DRIVE
C218
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

2811 SOMERSET DRIVE
C218
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUSE, DAVE PRES.
2811 SOMERSET DRIVE
C218
LAUDERDALE LAKES, FL 33311 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: VP
Name: PELLERIN, JEAN
Address: 2811 SOMERSELL DR C304
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TREA
Name: ROBINSON, BEVERLY
Address: 2811 SOMERSET DR C103
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SEC.
Name: LAMB, MARY
Address: 2811 SOMERSELL DR C406
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D
Name: DECOSTE, JEAN CLAUDE
Address: 2811 SOMERSELL DR C105
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D
Name: THORNIE, BOURNE
Address: 2811 SOMERSELL DR C106
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D
Name: ENGRID, NEMBARD
Address: 2811 SOMERSET DR C401
City-St-Zip: FORT LAUDERDALE, FL 33311

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: DAVE MUSE

PRES

03/29/2012

Electronic Signature of Signing Officer or Director

_____ Date