


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 015 ****61.25

DOCUMENT # 728422 1. Entity Name SOMERSET CONDOMINIUM NO. FOUR, INC.			
Principal Place of Business 2841 SOMERSET DRIVE APT 314 LAUDERDALE LAKES, FL 33311 US		Mailing Address 2841 SOMERSET DRIVE APT 314 LAUDERDALE LAKES, FL 33311 US	
2. Principal Place of Business - No P.O. Box # 7932 Wiles Rd City & State Coral Springs FL Zip 33067 Country USA		3. Mailing Address 7932 Wiles Rd City & State Coral Springs FL Zip 33067 Country USA	
4. FEI Number 59-1579215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MARTIN & BENNIS, PA ATTN: ROBERT C. MARTIN 319 SE 14TH STREET FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME OWENS, WILLIAM STREET ADDRESS 2841 SOMERSET DR #314 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE P NAME Brown, Diana STREET ADDRESS 2841 Somerset Drive # 201 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BROWN, DIANA STREET ADDRESS 2841 SOMERSET DRIVE APT 201 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE T NAME Johnson, Emma STREET ADDRESS 2841 Somerset Drive # 214 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME OWENS, WILLIAM STREET ADDRESS 2841 SOMERSET #314 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE VP NAME champaigne, Trevor STREET ADDRESS 2841 Somerset Drive # 206 CITY-ST-ZIP LAUDERDALE LAKES 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JOHNSON, EMMA STREET ADDRESS 2841 SOMERSET DR #214 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE D NAME Bergeron, Madeline STREET ADDRESS 2841 Somerset Drive # 401 CITY-ST-ZIP LAUDERDALE LAKES FL 33311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME POULIN, HENRIETTE STREET ADDRESS 2841 SOMERSET DRIVE CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Delete	TITLE D NAME Britzki, Eve STREET ADDRESS 2841 Somerset Dr. # 409 CITY-ST-ZIP LAUDERDALE LAKES FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CHAMPAGNE, TREVOR STREET ADDRESS 2841 SOMERSET DRIVE # 206 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE D NAME Feymay, Francis STREET ADDRESS 2841 Somerset Drive # 316 CITY-ST-ZIP LAUDERDALE LAKES FL 33311	<input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u>		3-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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ATTACHMENT

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Principal Place of Business 2841 SOMERSET DRIVE APT 314 LAUDERDALE LAKES, FL 33311 US				Mailing Address 2841 SOMERSET DRIVE APT 314 LAUDERDALE LAKES, FL 33311 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40053612	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1579215				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN & BENNIS, PA ATTN: ROBERT C. MARTIN 319 SE 14TH STREET FORT LAUDERDALE, FL 33316				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, WILLIAM <input type="checkbox"/> Delete 2841 SOMERSET DR #314 LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harris, Norman 2841 Somerset Drive #311 LAUDERDALE LAKES FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, DIANA <input type="checkbox"/> Delete 2841 SOMERSET DRIVE APT 201 LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Henneman, Adele 2841 Somerset Drive #202 LAUDERDALE LAKES FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, WILLIAM <input type="checkbox"/> Delete 2841 SOMERSET #314 LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thibodeau, Michael 2841 Somerset Drive #405 LAUDERDALE LAKES FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EMMA <input type="checkbox"/> Delete 2841 SOMERSET DR #214 LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POULIN, HENRIETTE <input type="checkbox"/> Delete 2841 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, TREVOR <input type="checkbox"/> Delete 2841 SOMERSET DRIVE # 206 LAUDERDALE LAKES, FL 33311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Brown</u> <u>3-20-08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	