

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745782

FILED
Feb 03, 2007
Secretary of State

Entity Name: THE SOMERSET OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-2085269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
% SUNBURST MGMT CORP
4306 ARNOLD AVE
NAPLES, FL 34104 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: DP () Delete
Name: CHIDESTER, DONALD
Address: 3139 RIVIERA DRIVE
City-St-Zip: NAPLES, FL 34103

Title: DVPT () Delete
Name: SNYDER, RICHARD
Address: 3131 RIVIERA DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SURGENER, DAMEN
Address: 3127 RIVIERA DRIVE
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: MORAN, PATTY
Address: 3107 RIVERA DR.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: KULA, DELORES
Address: 3113 RIVERA DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORAN, JOSEPH
Address: 3107 RIVIERA DRIVE
City-St-Zip: NAPLES, FL 34103

Title: DVP (X) Change () Addition
Name: JOHN, KULA
Address: 3113 RIVIERA DR
City-St-Zip: NAPLES, FL 34103

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

Title: DST (X) Change () Addition
Name: SNYDER, RICHARD
Address: 3131 RIVERA DR.
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: WILLIAMS, SARA
Address: 3129 RIVERA DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH MORAN

P

02/03/2007

Electronic Signature of Signing Officer or Director

Date