

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751503</b>			
1. Entity Name <b>SOMERSET LAKES CONDOMINIUM ASSOCIATION III A, INC.</b>			
Principal Place of Business <b>2824 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311-6301</b>	Mailing Address <b>2824 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311-6301</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2118983</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>LANDA, WILLIAM 2824 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311-6301</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		DATE <b>01/31/07-80042-016 61.25</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDA, WILLIAM W 2824 SOMERSET DR LAUDERDALE LAKES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDA, CAROLE 2824 SOMERSET DR. LAUDERDALE LKS, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLSON, DOROTHY 2824 SOMERSET DR. LAUDERDALE LAKES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		<b>1/24/07</b>	<b>305 935/000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>