


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 751503	
1. Entity Name SOMERSET LAKES CONDOMINIUM ASSOCIATION III A, INC.	

Principal Place of Business 2824 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311-6301	Mailing Address 2824 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311-6301
---	---

DO NOT WRITE IN THIS SPACE



05202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2118983	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

**LANDA, WILLIAM
2824 SOMERSET DRIVE
LAUDERDALE LAKES, FL 33311-6301**

DO NOT WRITE IN THIS SPACE

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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000952288 06/04/08-80074-009 61.25
--	--	--

10. OFFICERS AND DIRECTORS

TITLE PD	NAME LANDA, WILLIAM W
STREET ADDRESS 2824 SOMERSET DR	CITY-ST-ZIP LAUDERDALE LAKES, FL
TITLE STD	NAME LANDA, CAROLE
STREET ADDRESS 2824 SOMERSET DR.	CITY-ST-ZIP LAUDERDALE LKS, FL
TITLE VPD	NAME WILLSON, DOROTHY
STREET ADDRESS 2824 SOMERSET DR.	CITY-ST-ZIP LAUDERDALE LAKES, FL
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **Pres.** **5.22.08 705935.1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #