2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2008 8:00 am Secretary of State **DOCUMENT #751700** 04-22-2008 90024 029 ****61.25 SEVENTIETH SOMERSET PLACE, INC. Mailing Address Principal Place of Business P.O. BOX 41383 1300-1616 70TH ST., NO. ST PETERSBURG, FL 33710 ST. PETERSBURG, FL 33743-1383 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2587643 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OVITT, MICHAEL PRES. Street Address (P.O. Box Number is Not Acceptable) --801 LIVE OAK AVENUE NE SAINT PETERSBURG, FL 33703 City 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 rme of regratered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ 🦩 Make check payable to 🐪 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be П Florida Department of State Due by May 1, 2008 Trust Fund Contribution., Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ΉΠLE ☐ Delete TITLE ☐ Addition ☐ Change OVITT, MICHAEL NAME 801 LIVE OAK AVE NE STREET ADDRESS STREET ADORESS SAINT PETERSBURG, FL 33703 CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition LOU, MARY NAME NAME 1408 70TH ST N STREET ADORESS STREET ADDRESS CITY-ST-ZIP ST PETE, FL 33710 CITY-ST-ZIP TITLE □ Detete TITLE Change Addition | KEYE, BETTY NAME NAME STREET ADDRESS 1370 70 ST N STREET ADORESS SAINT PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition LAYTON, PATRICIA NAME NAME STREET ADDRESS 1586 70TH ST N STREET ADDRESS SAINT PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-7P TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 propowered. SIGNATURE:

ING OFFICER OR DIRECTOR

FILED