



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90024 040 \*\*\*\*61.25

<b>DOCUMENT # 756269</b>							
1. Entity Name SOMERSET HOMEOWNERS OF STUART, INC.							
Principal Place of Business 120 S.E. TAHO TERRACE STUART, FL 34997 US			Mailing Address P.O. BOX 2905 STUART, FL 34995-2905 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 02112008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-0017134				Applied For 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				
ROSS, DEBORAH 759 S. FEDERAL HIGHWAY SUITE 212 STUART, FL 34994			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 _____ DATE _____ <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</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOYLE, JAMES M		NAME				
STREET ADDRESS	120 S.E. TAHO TERRACE		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCMAHAN, JOHN R		NAME	Eugene Kaurne			
STREET ADDRESS	78 S.E. SUPERIOR WAY		STREET ADDRESS	86 SE Superior			
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart FL 34997			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VAUGHT, DEVONICA		NAME	Alvin Jensen			
STREET ADDRESS	92 SE TAHO TERRACE		STREET ADDRESS	41 SE Ontario way			
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart FL 34997			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CODDINGTON, EDITH A		NAME				
STREET ADDRESS	104 S.E. ONTARIO WAY		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLAKELEY, PATRICIA		NAME	Bruce H Parkard			
STREET ADDRESS	53 S.E. ONTARIO WAY		STREET ADDRESS	4607 SE Geneva Dr			
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart FL 34997			
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CODDINGTON, RONALD F		NAME				
STREET ADDRESS	104 S.E. ONTARIO WAY		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34997		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.							
SIGNATURE: <i>Edith A. Coddington</i>			EDITH A. CODDINGTON		2/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		