

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756269

FILED
Mar 17, 2009
Secretary of State

Entity Name: SOMERSET HOMEOWNERS OF STUART, INC.

Current Principal Place of Business:

120 S.E. TAHO TERRACE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2905
STUART, FL 349952905 US

New Mailing Address:

FEI Number: 65-0017134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: PD () Delete
Name: DOYLE, JAMES M
Address: 120 S.E. TAHO TERRACE
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: KARNES, EUGENE
Address: 86 SE SUPERIOR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: JEMSEN, ALVIVA
Address: 41 SE ONTARIO WAY
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: CODDINGTON, EDITH A
Address: 104 S.E. ONTARIO WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: PARKARD, BRUCE H
Address: 4607 SE GERNEVA DR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: CODDINGTON, RONALD F
Address: 104 S.E. ONTARIO WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDITH A CODDINGTON

Electronic Signature of Signing Officer or Director

TREA

03/17/2009

Date