

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90089 048 \*\*\*\*61.25

<b>DOCUMENT # 763049</b>					
<b>1. Entity Name</b> SOMERSET VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1731 NW 6 ST SUITE A GAINESVILLE, FL 32609 US			<b>Mailing Address</b> 1731 NW 6 ST SUITE A GAINESVILLE, FL 32609 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1731 NW 6TH STREET		<b>3. Mailing Address</b> PO BOX 14506			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		<b>4. FEI Number</b> 59-2235786	
Zip 32609		Country ALACHUA		Zip 32604	
Country ALACHUA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ED BAUR MGT 1731 NW 6 ST GAINESVILLE, FL 32609			<b>7. Name and Address of New Registered Agent</b> Name WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A City GAINESVILLE FL Zip Code 32609		
<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.</b>					
SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-8-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, DAVID 1606 SW 16TH ST GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, DIELLE 1662 SW 16TH ST. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLADARES, RUDY 3848 S.W. 6 PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINIQUW COCO 1620 SW 16TH ST. GAINESVILLE FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN E. PEDEN 1668 SW 16TH ST. GAINESVILLE FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>FERNANDES</b> <u>4/24/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					