

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763049

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOMERSET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6 ST
SUITE A
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604 US

New Mailing Address:

500 NW 43RD ST
3
GAINESVILLE, FL 32607 US

FEI Number: 59-2235786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, WESTON
ED BAUR MANAGEMENT, INC.
1731 NW 6TH STREET SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS
500 NW 43RD ST
3
GAINESVILLE, FL 32607 US

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: EUGENE HAUFLE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, DAVID
Address: 998 COUNTRY CLUB ROAD
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: FERNANDEZ, DIELLE
Address: 1662 SW 16TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: VALLADARES, RUDY
Address: 3848 S.W. 6 PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: COCO, DOMINIQUE
Address: 1620 SW 16TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete
Name: PEDEN, CARMEN E
Address: 1668 SW 16TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: BERNIER, ANGELINA
Address: 1618 SW 16TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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
Name:
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: DAVID EDWARDS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date