FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996** 2-16-96 B-1214-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K52218 (0)

1. Corporation Name

SOMERSET ON LAKE SAUNDERS, INC.

Principal Place of Business	Mailing Address
C/O BUFORD L. JONES 15330 DORA AVE. TAVARES FL 32778	C/O BUFORD L. JONES 15330 DORA AVE. TAVARES FL 32778

3. Date Incorporated or Qualified: 12/19/1988
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2940968 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2450 Dora Ave.	26 2450 Dora Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2450 Dora Ave.
City & State 23 Tavares FL	City & State 28 Tavares FL
Zip 24 32778 — County 25 Lake	Zip 29 32778 — County 30 Lake

9. Name and Address of Current Registered Agent

JONES, BUFORD L.
624 VIRGINIA AVENUE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Buford L. Jones, Administrator — Buford L. Jones, Administrator 02-12-96 DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	JONES, BUFORD L.	
STREET ADDRESS	624 VIRGINIA AVE.	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	☐ DELETE
NAME	WAGNER, KURT B.	
STREET ADDRESS	1215 W. CROOKED LAKE PL.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	☒ DELETE
NAME	KLOTZ, SOLOMON D.	
STREET ADDRESS	3206 MIDDLESEX	
CITY-ST-ZIP	ORLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Buford L. Jones — February 12, 1996 — 352-343-4464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #