2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002266

Entity Name: SOMERSET MASTER ASSOCIATION, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cliffent Principal Place of Bliginess.	New Principal Place of Blisiness

550 N REO STREET REALMANAGE

SUITE 300 4902 EISENHOWER BLVD, SUTIE 216 TAMPA, FL 33609

TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

550 N REO STREET REALMANAGE

4902 EISENHOWER BLVD, SUTIE 216 SUITE 300 TAMPA, FL 33609

TAMPA, FL 33634

FEI Number: 59-3716326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REALMANAGE MYERS, WADE REALMANAGE 550 N REO STREET

4902 EISENHOWER BLVD, SUITE 216 SUITE 300

TAMPA, FL 33609 US TAMPA, FL 33634 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: WADE MYERS 04/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

HEID, MELANIE SWEETSER, PETER Name: Name: 606 WAVE CREST CIRCLE Address: 3303 PINE TOP DR Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: SD () Delete Title: (X) Change () Addition

BOWERS, TABATHA Name: HEID, MELANIE Name: Address: 3007 SUMMER CRUISE DR Address: 606 WAVE CREST CIR City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

SWEETER, PETER ANDERSON, JOSEPH Name: Name: 3303 PINETOP DRIVE 3522 PINE TOP DR Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: PTD () Delete Title: (X) Change () Addition

Name: KLIPPEL, JOSEPH Name: BELLIS, JODIE 3523 PINE TOP DRIVE 3135 SUMMER HOUSE DR Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: () Change (X) Addition

LERCH, PAUL Name: Name: 3329 PINE TOP DR Address: Address: VALRICO, FL 33594 City-St-Zip: 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: PETER SWEETSER Ρ 04/14/2009