

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008640

FILED
May 01, 2008
Secretary of State

Entity Name: SOMERSET CAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9122 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

BETH COLLAND MANAGEMENT CORP.
595 BAY ISLES RD, SUITE 201
LONGBOAT KEY, FL 34228

New Mailing Address:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD, SUITE 201
LONGBOAT KEY, FL 34228

FEI Number: 54-2089881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP
595 BAY ISLES ROAD, SUITE 201
LONGBOAT KEY, FL 34228 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: WALLACE, MARCIA
Address: 9122 MIDNIGHT PASS RD., #62
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: BLACK, DAVID
Address: 9122 MIDNIGHT PASS RD., #44
City-St-Zip: SARASOTA, FL 34242

Title: STD () Delete
Name: BRADLEY, ROBERT
Address: 9122 MIDNIGHT PASS RD., #54
City-St-Zip: SARASOTA, FL 34242

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: KIRSHY, VALERIE
Address: 9122 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34342

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: MARCIA WALLACE

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date