

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008640

FILED  
Feb 08, 2011  
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 CALLANS MANAGEMENT CORP.  
595 BAY ISLES RD, SUITE 201  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 54-2089881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: WALLACE, MARCIA  
Address: 9122 MIDNIGHT PASS RD., #62  
City-St-Zip: SARASOTA, FL 34242

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

Title: S  
Name: KIRSHY, VALERIE  
Address: 9122 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34342

I hereby 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 all other like empowered.

SIGNATURE: MARCIA WALLACE

PRES

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date