


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 036 ****61.25

DOCUMENT # N03000003091 1. Entity Name SOMERSET OCEANFRONT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03272007 Chg-NP CR2E037 (12/06)				4. FEI Number 58-2667676	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, THOMAS F 2085 HIGHWAY A1A UNIT 3605 INDIAN HARBOUR BEACH, FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNETT, ANGELA 2095 HWY A1A #4303 INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLEN, NANCY 2085 HWY A1A UNIT 3302 WINTER PARK, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, NANCY 2085 HWY A1A #3302 INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MULLEN, REX 2085 HIGHWAY A1A UNIT 3302 INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLEN, REX 2085 HWY A1A #3302 INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KIDWELL, FAITH 2225 HIGHWAY A1A UNIT 103 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORGAN, JAMES P 2632 BEAR ISLAND PT WINTER PARK FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHRER, CHARLES 416 N TOLPEHOLKEN RD READING, PA 19601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROBERT 2085 HWY A1A #3502 INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARNIVAL, JACQUELINE 2085 HGWY A1A UNIT 3402 INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNIVAL, JACQUELINE 2085 HWY A1A #3402 INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/18/07 Daytime Phone: 321 777-7020		

ATTACHMENT

40079614

SOMERSET OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # N03000003091

OFFICERS AND DIRECTORS CONT...

D

BASS, CHARLES W
1675 REDBOURNE DR
ATLANTA, GA 30350

D

SALOMON, GEORGE J
2095 HWY A1A #4404
INDIAN HARBOUR BEACH FL 32937