

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90024 040 \*\*\*\*61.25

<b>DOCUMENT # N03000003091</b> 1. Entity Name <b>SOMERSET OCEANFRONT CONDOMINIUM ASSOCIATION, INC.</b>					
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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>58-2667676</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HART, JAMES W JR</b> <b>2180 WEST SR 434</b> <b>SUITE 5000</b> <b>LONGWOOD, FL 32779-5044</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNETT, ANGELA 2095 HWY A1A #4303 INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRESSLER, KAREN 2095 HWY A1A #4401 INDIAN HARBOUR BEACH, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, NANCY 2085 HWY A1A #3302 INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCVICKER, JERRY 2085 HWY A1A #3202 INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLEN, REX 2085 HIGHWAY A1A UNIT 3302 INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAMPER, MICHAEL 2085 HWY A1A #3601 INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORGAN, JAMES P 2632 BEAR ISLAND PT WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORGAN, JAMES 2632 BEAR ISLAND PT WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROBERT 2085 HWY A1A #3502 INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCH, JULIE 1000 KEARNS AVE WINSTON SALEM NC 27106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNIVAL, JACQUELINE 2085 HWY A1A #3402 INDIAN HARBOUR BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSHAUGHNESSY, TIMOTHY 6016 PIKE BRANCH DR ALEXANDRIA, VA 22310 <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Karen Dressler</i> <b>3/19/08</b> <b>321-777-1877</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40059133



03052008 Chg-NP CR2E037 (12/06)

ATTACHMENT

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N03000003091

SOMERSET OCEANFRONT CONDOMINIUM ASSOCIATION INC

BOARD OF DIRECTORS, CONTINUED

D

SALOMON, GEORGE J

2095 HWY A1A #4404

INDIAN HARBOUR BEACH, FL 32937