2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

DOCUMENT # N0400009360 1. Entity Name SOMERSET LAKES-GATES LANDING ASSOCIATION, INC.						1	02-18-200	_		
Principal Place of Business 6757 55TH ST. N. PINELLAS PARK, FL 33781		Mailing Address 6757 55TH ST. N. PINELLAS PARK, FL 33781					BIP IL SB EIT PS IIE S	OEII EDIN DONO (118t B1 18 2 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008 _{Cl}	hg-NP	CR2E0	37 (12/06)		
City & State		City & State				4. FEI Number 20-260312	29			plied For
Zíp	Country	Zip		Cou	intry	5. Certificate of St	atus Desiréd		\$8.75 Add	litional
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ress of New	Registered		
					Name			-	•	
6757 55TH	MICHAEL S I STREET N. PARK, FL 33781		Str			Address (P.O. Box Number is Not Acceptable)				
					City			FL	Zip Code	9
	named entity submits this statement for	or the purp	ose of changing its r	egistere	Led office or regis	istered agent, or both, in	the State of f			and accept
	John Stranger									
SIGNATURE.	Signature, typed or printed name of registered agent	t and tale if app	Micable. (NOTE:	Registere	d Agent signature requ	quired when reinstating)		DATE		-
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	Land title if app	9. Election Cam Trust Fund Co	paign F	inancing	\$5.00 May Be Added to Fees		Make chec	k payable to	
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Cam Trust Fund Co	paign F ontributi	inancing	\$5.00 May Be Added to Fees	Fle	Make chec orida Depa	tment of St	tate
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/08 727-544-104

Date Daytime Phone