

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 13, 2011
Secretary of State

DOCUMENT# N05000008873

Entity Name: SOMERSET OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913**New Principal Place of Business:****Current Mailing Address:**11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913**New Mailing Address:****FEI Number:** 20-5068052**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913 US**Name and Address of New Registered Agent:**VISION ASSOCIATION MANAGEMENT, INC.
11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913 US

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: REBECCA SARVER

09/13/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: SUCHORA, ED
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: VD
Name: SMITH, JERRY
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: S/T
Name: BUCHMAN, MIKE
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

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: ED SUCHORA

PD

09/13/2011

Electronic Signature of Signing Officer or Director_____
Date