

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002820

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** SOMERVILLE AT SANDOVAL SECTION II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2607 SOMERVILLE LOOP RD.  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SILVERCRESTED MANAGEMENT, LLC  
PO BOX 1848  
FT. MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 20-4798981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVERCRESTED MANAGEMENT, LLC  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 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: P  
Name: D'ALESSANDRO, JOSEPH  
Address: 218 WEST ARCTIC AVENUE  
City-St-Zip: MINOLTA, NJ 08341

Title: VP  
Name: DIDONATO, ALBERT  
Address: 2631 SOMERVILLE LOOP #701  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD  
Name: PACHICK, RAYMOND SR  
Address: 2628 SOMMERVILLE LOOP #1808  
City-St-Zip: CAPE CORAL, FL 33991

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: JOSEPH D'ALESSANDRO

PD

02/26/2010

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

\_\_\_\_\_  
Date