# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 18, 2007 8:00 am**
**Secretary of State**
04-19-2007 90212 045 ****61.25

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DOCUMENT # N06000008328

1. Entity Name
SOMERVILLE AT SANDOVAL SECTION III CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % PULTE HOME CORPORATION<br>9148 BONITA BEACH RD - STE 102<br>BONITA SPRINGS, FL 34135 | % PULTE HOME CORPORATION<br>9148 BONITA BEACH RD - STE 102<br>BONITA SPRINGS, FL 34135 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| c/o Integrated Property Mgmt. | c/o Integrated Property Mgmt. |
| Suite, Apt. #, etc.<br>3435 - 10th Street N., #201 | Suite, Apt. #, etc.<br>3435 - 10th Street N., #201 |
| City & State<br>Naples, FL | City & State<br>Naples, FL |
| Zip 34103 Country | Zip 34103 Country |

03232007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5465337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STACKHOUSE, EDWIN D<br>% PULTE HOME CORPORATION<br>9148 BONITA BEACH RD - STE 102<br>BONITA SPRINGS, FL 34135 | Name: Shields, Christopher J.<br>Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street<br>PO Drawer 1507<br>City: Ft. Myers, FL **FL** Zip Code: 33902 |

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 _____ 3/30/07
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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 | PD<br>STACKHOUSE, EDWIN D<br>%PULTE HOME CORP-9148 BONITA BEACH RD #102<br>BONITA SPRINGS, FL 34135 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Ritz, William<br>2648 Somerville Loop, #1305<br>Ft. Myers, FL 33991 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MCCORMICKE, RICHARD<br>%PULTE HOME CORP-9148 BONITA BEACH RD #102<br>BONITA SPRINGS, FL 34135 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>Rosemeyer, Catherine<br>2640 Somerville Loop, #1506<br>Ft. Myers, FL 33991 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>RAY, LAURA<br>%PULTE HOME CORP-9148 BONITA BEACH RD #102<br>BONITA SPRINGS, FL 34135 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>Doherty, Joan<br>2644 Somerville Loop, #1406<br>Ft. Myers, FL 33991 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Nixon, John<br>2656 Somerville Loop, #1108<br>Ft. Myers, FL 33991 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 4-10-07 1239-282-0486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #