

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008328

FILED
Feb 26, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 20-5465337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
#203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD VAN TILBURG

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: RITZ, WILLIAM

Address: 2648 SOMERVILLE LOOP #1305

City-St-Zip: CAPE CORAL, FL 33991

Title: STD (X) Change () Addition

Name: RITZ, WILLIAM

Address: 2648 SOMERVILLE LOOP #1305

City-St-Zip: CAPE CORAL, FL 33991

Title: VD () Delete

Name: ROSEMEYER, CATHERINE

Address: 2640 SOMERVILLE LOOP #1506

City-St-Zip: CAPE CORAL, FL 33991

Title: PD (X) Change () Addition

Name: ROSEMEYER, CATHERINE

Address: 2640 SOMERVILLE LOOP #1506

City-St-Zip: CAPE CORAL, FL 33991

Title: SD () Delete

Name: NIXON, JOHN G

Address: 2656 SOMERVILLE LOOP #1108

City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change () Addition

Name: NIXON, JOHN G

Address: 2656 SOMERVILLE LOOP #1108

City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE ROSEMEYER

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date