## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008328

FILED Mar 09, 2012 Secretary of State

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

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

C/O SILVERCRESTED MANAGEMENT LLC 3436 MARINATOWN LANE 1ST FL UNIT 4 NORTH FORT MYERS, FL 33903 C/O SILVERCRESTED MANAGEMENT LLC 1490 NE PINE ISLAND RD., BLDG 8-D

CAPE CORAL, FL 339039

Current Mailing Address:

New Mailing Address:

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

FEI Number: 20-5465337

FEI Number Applied For ( ) FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC

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

1490 NE PINE ISLAND RD. BLDG 8-D

CAPE CORAL, FL 33909 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:

03/09/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Γitle: STD

Name: DELAPLANE, JESSIE

Address: 2640 SOMERVILLE LOOP #1502

City-St-Zip: CAPE CORAL, FL 33991

Title: PD

Name: ROSEMEYER, CATHERINE
Address: 2640 SOMERVILLE LOOP #1506
City-St-Zip: CAPE CORAL, FL 33991

Title: VD

Name: DENARDO, ROBERT

Address: 2648 SOMERVILLE LOOP, #1301 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: CATHERINE ROSEMEYER

PD

03/09/2012