2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2012
Secretary of State

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Entity Name: SOMERSET GABLES PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

624 ANASTASIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

6340 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 27-4573012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: ZAMAK, PAUL
Address: 1505 FERDINAND STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: GRIESE, JEFFREY
Address: 438 LUENGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: S
Name: SALABARRIA, CATHERINE
Address: 832 MALAGA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: T
Name: HARPER, ELIZABETH
Address: 4915 SAN AMARO COURT
City-St-Zip: CORAL GABLES, FL 33146

Title: PD
Name: ZAMEK, PAUL
Address: 624 ANASTASIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: SALABARRIA, CATHY
Address: 624 ANASTASIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: ELIZABETH HARPER T 01/26/2012

Electronic Signature of Signing Officer or Director — Date