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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21186 (4)**
1. Corporation Name
SOMERSET VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 11425 SANDY HILL DRIVE ORLANDO, FL 32821	Mailing Address 11425 SANDY HILL DRIVE ORLANDO, FL 32821-7812
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3. Date Incorporated or Qualified 06/16/1987	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2868109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**KEITGES, JULIA
11425 SANDY HILL DR.
ORLANDO FL 32821**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **LILIA KEITGES, OFFICE MGR.** *Lilia Keitges* **4-24-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDS, NICHOLAS M	
STREET ADDRESS	5540 SCARINGTON CT W	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GLAZIER, JACK	
STREET ADDRESS	11304 SCENIC VIEW LANE	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MUNZIAL, HARRY	
STREET ADDRESS	5340 SEATON HALL LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLFSON, GLENN	
STREET ADDRESS	11243 SCENIC VIEW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENBERG, JOHN	
STREET ADDRESS	11719 STAMFIELD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DI GENNARO, DOMENIC	
STREET ADDRESS	11720 STAMFIELD DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harry Munzial	
2.3 STREET ADDRESS	5340 seaton Hall Lane	
2.4 CITY-ST-ZIP	Orlando FL 32821	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ron Huber	
3.3 STREET ADDRESS	11731 Sandy Hill Dr.	
3.4 CITY-ST-ZIP	Orange FL 32821	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRE** **TREASURER** **4/25/97** **407-239-2825**
Signature typed or printed name of signing officer or director Date Daytime Phone # 0017849

CR2E037 (9/96)