## FILE NOW: FILING FEE IS \$61.25

Apr 24 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N21186 (4) SOMERSET VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 11425 SANDY HILL DRIVE 11425 SANDY HILL DRIVE 3. Date Incorporated or Qualified ORLANDO F L 32821 ORLANDO F L 32821 06/16/1987 4. FEI Number Applied For 59-2868 109 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 122 5. Certificate of Status Desired 28 21 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Ø Yes □ No 23 26 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Neal McCulloh KEITGES, LILIA Street Address (P.O. Box Number is Not Acceptable) 11425 SANDY HILL DR. Clayton & McCulloh 1065 Maitland Center Commons Blvd.
City FL 85 Zip Code
Maitland FL 32751 ORLANDO FL 32821 84 City Maitland 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 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 originations of Section 617.0503, Florida Statutes.

SIGNATURE

No. 2 Machine Technology

A / 1 3 / Q Q Neal McCulloh Esquire
(NOTE Registered Abent signature regulard When reinstaling) d name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE SANDS, NICHOLAS M 1.2 NAME JackGlazier NAME 5540 SCARINGTON CT W 11304 Scenic ViauLane STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Orlando FC 32 OFI FTE 2.1 TITLE Change Addition TITLE Inguid Wallach P.O.Box 692281 NAME MUNZIAC, HARRY 2.2 NAME STREET ADDRESS 5340 SEATON HALL LANE 2.3 STREET ADDRESS

ORLANDO FL CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby 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:

4-17-69

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3.4. CITY-ST-ZIP

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11731 SANDY HILL DR

11243 SCENIC VIEW LANE

ROLFSON, GLENN

ROSENBERG, JOHN

11719 STAMFIELD DR

DI GENNARO, DOMENIC

11720 STAMFIELD DR

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