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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90288 007 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N21186**

1. Corporation Name

**SOMERSET VILLAGE HOMEOWNERS ASSOCIATION, INC.**

5 4 8 1 8 9 \*  
 540189 - 90288 - 7

Principal Place of Business  
 11425 SANDY HILL DRIVE  
 ORLANDO, FL 32821

Mailing Address  
 11425 SANDY HILL DRIVE  
 ORLANDO, FL 32821



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/16/1987  
 4. FEI Number  
**59-2868109**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCULLOH, NEAL**  
**CLAYTON & MCCOLLOH**  
**1065 MATLAND CENTER COMMONS BLVD**  
**MATLAND FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GLAZIER, JACK	
STREET ADDRESS	11304 SCENIC VIEW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WALLACH, INGRID	
STREET ADDRESS	P O BOX 692281	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUBER, RON	
STREET ADDRESS	11731 SANDY HILL DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARFINKLE, MARVIN	
STREET ADDRESS	11732 SANDY HILL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, JOHN	
STREET ADDRESS	11719 STAMFIELD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DI GENNARO, DOMENIC	
STREET ADDRESS	11720 STAMFIELD DR	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Holmes	
1.3 STREET ADDRESS	11815 Sandy Hill Dr.	
1.4 CITY-ST-ZIP	Orlando, FL 32821	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Russell	
2.3 STREET ADDRESS	11820 Scotty Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32821	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jackie Erickson	
5.3 STREET ADDRESS	11357 Scenic View Ln.	
5.4 CITY-ST-ZIP	Orlando, FL 32821	
6.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Rardin	
6.3 STREET ADDRESS	5410 Sacramento Ct. E.	
6.4 CITY-ST-ZIP	Orlando, FL 32821	

14. I 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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

5/13/99 (40) 805-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)