2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N21186 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name SOMERSET VILLAGE HOMEOWNERS ASSOCIATION, INC. 04-05-2000 90114 038 ****70.00 Principal Place of Business Mailing Address 11425 SANDY HILL DRIVE 11425 SANDY HILL DRIVE ORLANDO,F L 32821-7912 ORLANDO.F L 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2868109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ Street Address (P.O. Box Number is Not Acceptable) MCCULLOH, NEAL **CLAYTON & MCCOLLOH** 1065 MAITLAND CENTER COMMONS BLVD MAITLAND FL 32751 8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE Nicholas M. Sands HOLMES, ROBERT NAME NAME 5540 Scarington Ct Orlando FL 32821 STREET ADDRESS STREET ADDRESS 11815 SANDY HILL DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 47 Change ☐ Addition Delete TITLE TITLE NAME Juck Glazier NAME RUSSELL, NANCY 11304 Scenic View or STREET ADDRESS STREET ADDRESS 11820 SCOTTY DR CITY-ST-ZIP CITY-ST-7IP Orlando FC 32821 ORLANDO FL 32821 Addition Change TITLE `□ Delete TITLE Jumes Mc Donald NAME HUBER, RON NAME STREET ADDRESS 11813 Soul boat Ln. STREET ADDRESS 11731 SANDY HILL DR CITY-ST-ZIP CITY-ST-7IP Orlando R 32821 ORLANDO FL 32821 ☐ Delete TITLE Change ☐ Addition TITLE NAME GARFINKLE, MARVIN NAME STREET ADDRESS STREET ADDRESS 11732 SANDY HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change ☐ Addition ERICKSON, JACKIE NAME NAME STREET ADDRESS 11357 SCENIC VIEW LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete Change ☐ Addition TITLE NAME RARDIN, JAMES NAME STREET ADDRESS 5410 SACRAMENTO CT E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

530 BRENZO

Daytime Phone #

TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: