

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N23498**

1. Entity Name

**THE SOMERSET OF MARCO ISLAND CONDOMINIUM,  
INC.**



Principal Place of Business

**780 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US**

Mailing Address

**780 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145 US**

**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0133006**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BALSAMO, SALVATORE A  
960 CAPE MARLO WAY  
CONZUMED P4 4  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HORAN, BUD
STREET ADDRESS	8026 KIMBEE DR
CITY-ST-ZIP	CINCINNATI, OH 45244
TITLE	P
NAME	DISBROW, MICHAEL
STREET ADDRESS	780 S CULLIBA BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	P
NAME	BALSAMO, SALVATORE
STREET ADDRESS	960 CAPE MARCO WAY
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	PS
NAME	MCCARTY, MICHAEL
STREET ADDRESS	1614 BOHLAND AVE.
CITY-ST-ZIP	SAINT PAUL, MN 55116
TITLE	AS
NAME	RESTITUTO, LINDA
STREET ADDRESS	1410 PHEASANT RUN CIR
CITY-ST-ZIP	YARDLEY, PA 19067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000842601  
03/11/08-80037-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #