

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 026 ****61.25

DOCUMENT # N42290 1. Entity Name SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751			Mailing Address 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0085314	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE STE 110 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAGGERTY, LINDA 7403 SOMERSET SHORES COURT ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICCI, JOESEPH 7463 SOMERSET SHORES COURT ORLANDO, FL 32819	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Ricci, Joe 7463 Somerset Shores Court Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMSON, JOY 7445 SOMERSET SHORES CT ORLANDO, FL 32819	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.D Steinmetz, Deborah 7523 Somerset Shores Court Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SYLVAIN, RICK 7535 SOMERSET SHORES CT ORLANDO, FL 32819	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Nolan, Barbara 7433 Somerset Shores Court Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Hagerty, Linda 7403 Somerset Shores Court Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 #					

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