2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N42290

Entity Name: SOMERSET SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 65-0085314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N. LAKE DESTINY DRIVE STE 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICCI, JOE
Address: 7463 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete
Name: STEINMETZ, DEBORAH
Address: 7523 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete
Name: HAGERTY, LINDA
Address: 7403 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: S ( ) Delete
Name: BRADLEY, ALAN
Address: 7676 MUNICIPAL DR
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEINMETZ, DEBORAH
Address: 7523 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change ( ) Addition
Name: PARKS, WILLIAM
Address: 8236 VIA BELLA NORTE
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: RICCI, SUSAN
Address: 14765 MICHIGAN AVENUE
City-St-Zip: DEARBORN, MI 48126

Title: DIR ( ) Change (X) Addition
Name: BRADLEY, ALAN
Address: 7676 MUNICIPAL DRIVE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED MERCED COMP 02/11/2009

Electronic Signature of Signing Officer or Director — Date