

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N48618

1. Entity Name
**SOMERSET DOWNS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**2740 HAMBLE VILLAGE
PALM HARBOR, FL 34684 US**

Mailing Address
**2740 HAMBLE VILLAGE
PALM HARBOR, FL 34684 US**



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3241194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEPAOLO, CARMELO
2740 HAMBLE VILLAGE LANE
PALM HARBOR, FL 34684**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEPAOLO, CARMELO
STREET ADDRESS 2740 HAMBLE VILLAGE LN.
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE TD
NAME CARROLL, JAMES
STREET ADDRESS 2732 HAMBLE VILLAGE LN
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE SD
NAME MEIER, LAURIE
STREET ADDRESS 2752 HAMBLE VILLAGE LN
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000642186
03/01/07-80033-004 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: Carmello J. DePaolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07
Date

Daytime Phone #