

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 036 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 2732 Hamble Village Ln.		3. Mailing Address 2732 Hamble Village Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Harbor, FL		City & State Palm Harbor FL		4. FEI Number 59-3241194	
Zip 34684		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEPAOLO, CARMELO 2740 HAMBLE VILLAGE LANE PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name: James C. Carroll Street Address (P.O. Box Number is Not Acceptable): 2732 Hamble Village Ln. City: Palm Harbor FL Zip Code: 34684		
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 James C. Carroll		James P. Powell		1-7-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, JAMES 2732 HAMBLE VILLAGE LN PALM HARBOR, FL 34684		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEIER, LAURIE 2752 HAMBLE VILLAGE LN PALM HARBOR, FL 34684		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEROLSTEIN, PHIL 2736 HAMBLE VILLAGE LN PALM HARBOR, FL 34684		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: James C. Carroll		James P. Powell		1-7-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 727 785-6267	