
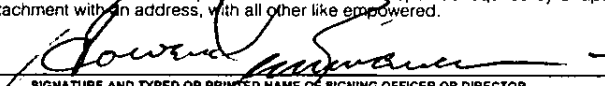


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 005 ****61.25

DOCUMENT # N95000002656					
1. Entity Name SOMERSET AT JACARANDA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US			Mailing Address C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0597667	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISINGER, PHILLIPS 4000 HOLLYWOOD BLVD STE 2655 HOLLYWOOD, FL 33021		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 VP NAME ZIMMERMAN, HOWARD STREET ADDRESS 1145 SAWGRASS CORP PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME ZIMMERMAN, HOWARD STREET ADDRESS 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ANGLADE, DEBBIE STREET ADDRESS 1145 SAWGRASS CORP PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE TREASURER NAME ANGLADE, DEBBIE STREET ADDRESS 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PETTI-ROSENBERG, ANGEL STREET ADDRESS 1145 SAWGRASS CORP PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE KNIGHT, DERRICK - SECRETARY NAME KNIGHT, DERRICK STREET ADDRESS 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KNIGHT, DERRICK STREET ADDRESS 1145 SAWGRASS CORP PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME BENAMI-RAHM, DEBBIE STREET ADDRESS 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LANCIE, FRANK STREET ADDRESS 1145 SAWGRASS CORP PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME TATEM, SUSAN STREET ADDRESS 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			01.31.2007.		954-846-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

HOWARD ZIMMERMAN - PRESIDENT.