


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004229 1. Entity Name SOMMERSET VILLAS AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 16257 WILLOWCREST WAY FT. MYERS, FL 33908	Mailing Address 16257 WILLOWCREST WAY FT. MYERS, FL 33908
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06032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUFF, BETH LEXINGTON COUNTRY CLUB 16257 WILLOWCREST WAY FORT MYERS, FL 33908
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSO, LUCILLE 16257 WILLOWCREST WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARKOVICH, GEORGE 16257 WILLOWCREST WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERPE, PHILIP 16257 WILLOWCREST WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAALAND, EARL 16257 WILLOWCREST WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUPI, KATHLEEN 16257 WILLOWCREST WAY FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000375108
08/01/05-80005-002 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Philip Serpe Pres. **Philip Serpe** 6-6-05 239-437-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #