


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90023 034 ****61.25

DOCUMENT # N98000000651 1. Entity Name SOMERSET COVE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business % LANDMARK MANAGEMENT SERVICES 1941 NW 150TH AVENUE PEMBROKE PINES, FL 33025		Mailing Address % LANDMARK MANAGEMENT SERVICES 1941 NW 150TH AVENUE PEMBROKE PINES, FL 33025	
2. Principal Place of Business - No P.O. Box # United Community Management Suite, Apt. #, etc. 11784 W. Sample Rd		3. Mailing Address Suite, Apt. #, etc. ← Same	
City & State Coral Springs, FL Zip 33065		City & State ← Same Zip U.S.	
4. FEI Number 65-1024461		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 BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326	
7. Name and Address of New Registered Agent Name United Community Management Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd City Coral Springs State FL Zip Code 33065		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: <i>Penie Koutouras</i> UP Finance United Community 3/12/07 <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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE PD NAME BRYANT, LINDA STREET ADDRESS 12902 SW 50 ST CITY- ST- ZIP HOLLYWOOD, FL 33027	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE President PD NAME Linda Bryant STREET ADDRESS 12902 SW 50 St CITY- ST- ZIP Miramar, FL 33027
TITLE TD NAME CHIRINO, JORGE STREET ADDRESS 12925 SW 49 CT CITY- ST- ZIP HOLLYWOOD, FL 33027	<input type="checkbox"/> Delete	TITLE Treasurer TD NAME Jorge Chirino STREET ADDRESS 12925 SW 49 CT CITY- ST- ZIP Miramar, FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LONG, HARRY STREET ADDRESS 4954 SW 129 TERR CITY- ST- ZIP HOLLYWOOD, FL 33027	<input type="checkbox"/> Delete	TITLE Secretary SD NAME Harry Long STREET ADDRESS 4954 SW 129 Terr CITY- ST- ZIP Miramar, FL 33027	<input 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
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 authority like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/27/07 (305) 632-1921 <small>Date Daytime Phone #</small>	