

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90013 025 \*\*\*\*61.25

**DOCUMENT # N98000002180**

1. Entity Name  
**SOMERSET OF LEGENDS GOLF & COUNTRY CLUB  
NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**8600 BRITANIA DRIVE  
FT MYERS, FL 33912**

Mailing Address  
**8600 LEGENDS BLVD.  
FORT MYERS, FL 33912**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0900126**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH  
14241 METROPOLIS AVE  
SUITE 100  
FORT MYERS, FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME MATTONI, SAM  
STREET ADDRESS 8734 BRITANIA DR.  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VD ☐ Delete  
NAME MEDERIOS, RALPH  
STREET ADDRESS 8672 BRITANIA DR  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE SD ☒ Delete  
NAME GARD, JACQUELINE  
STREET ADDRESS 8690 BRITANIA DR  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE TD ☐ Delete  
NAME FORMAN, LEX  
STREET ADDRESS 8612 BRITANIA DR  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE D ☐ Delete  
NAME COMPARATO, FRED  
STREET ADDRESS 8653 BRITANIA DR  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD. ☒ Change ☐ Addition  
NAME MEDERIOS RALPH.  
STREET ADDRESS 8672 BRITANIA DRIVE  
CITY-ST-ZIP FORT MYERS FL. 33912

TITLE VD. ☒ Change ☐ Addition  
NAME FORMAN, ALEXANDER  
STREET ADDRESS 8612 BRITANIA DRIVE  
CITY-ST-ZIP FORT MYERS FL. 33912

TITLE SD. ☒ Change ☐ Addition  
NAME TURNER, SUE  
STREET ADDRESS 8615 BRITANIA DRIVE,  
CITY-ST-ZIP FORT MYERS FL. 33912

TITLE TD. ☒ Change ☐ Addition  
NAME KANE, JOSEPH  
STREET ADDRESS 8621 BRITANIA DRIVE  
CITY-ST-ZIP FORT MYERS FL. 33912

TITLE D. ☐ Change ☐ Addition  
NAME COMPARATO, FRED  
STREET ADDRESS 8653, BRITANIA DRIVE  
CITY-ST-ZIP FORT MYERS FL. 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *A. FORMAN* **A. FORMAN VD.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8<sup>TH</sup> FEB. 2007**

Date

**239-225-0386**

Daytime Phone #