2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N98000002180

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

Current Principal Place of Business:

8600 BRITTANIA DRIVE
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

8600 LEGENDS BLVD.
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0900126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MEDERIOS, RALPH	
Address:	8672 BRITTANIA DR.	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	SD	( ) Delete
Name:	TURNER, SUE	
Address:	8615 BRITTANIA DR.	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VD	( ) Delete
Name:	FORMAN, ALEXANDER	
Address:	8612 BRITTANIA DR	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	COMPARATO, FRED	
Address:	8653 BRITTANIA DR	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	T	( ) Delete
Name:	KANE, JOSEPH W	
Address:	8621 BRITTANIA DR	
City-St-Zip:	FORT MYERS, FL 33912	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH W KANE T 05/05/2009
Electronic Signature of Signing Officer or Director — Date