

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90003 030 \*\*\*\*61.25

<b>DOCUMENT # N98000005403</b> 1. Entity Name <b>SOMERSET BRIDGE HOMES CORPORATION</b>					
Principal Place of Business <b>313 SOMERSET BRIDGE ROAD SEAGROVE BCH, FL 32459</b>			Mailing Address <b>313 SOMERSET BRIDGE ROAD SEAGROVE BCH, FL 32459</b>		
2. Principal Place of Business - No P.O. Box # <b>277 Somerset Bridge Rd</b>		3. Mailing Address <b>277 Somerset Bridge Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Seagrave Beach FL</b>		City & State <b>Seagrave Beach, FL</b>		4. FEI Number <b>59-3567283</b>	
Zip <b>32459</b>		Country <b>Walton</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CUMMINS, NANCY L 313 SOMSET BRIDGE RD. SEAGROVE BCH, FL 32459</b>			7. Name and Address of New Registered Agent Name <b>Beth Heiser</b> Street Address (P.O. Box Number is Not Acceptable) <b>277 Somerset Bridge Rd</b> City <b>Seagrave Beach</b> <b>FL</b> Zip Code <b>32459</b>		
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 <b>Beth Heiser</b> DATE <b>8/4/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAVE, CARLA 280 SOMERSET BRIDGE DR. SEAVROVE BEACH, FL 32459 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Heiser</b> <b>277 Somerset Bridge Rd Seagrave Beach, FL 32459</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATTEN, ARTHUR 357 SOMERSET BRIDGE RD. SEAGROVE BCH, FL 32459 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gregory Register</b> <b>493 Somerset Bridge Rd</b> <b>Seagrave Beach, FL 32459</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINS, NANCY 513 SOMERSET BRIDGE RD. SEAGROVE BEACH, FL 32459 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Beth Heiser</b> <b>277 Somerset Bridge Rd Seagrave Beach FL 32459</b>	
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	
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: <b>Beth Heiser</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8/4/07</b>		Daytime Phone # <b>850.231.2466</b>