


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003199		
1. Entity Name SOMERSET CONDOMINIUM OWNERS ASSOCIATION, INC.		
Principal Place of Business 13020 FRONT BEACH ROAD PANAMA CITY, FL 32408	Mailing Address 921 ALBERTA ST ENTERPRISE, AL 36330	



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3661070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
AKERY, PATRICIA 13020 FRONT BEACH RD # 206 PANAMA CITY, FL 32401	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 _____ (NOTE: Registered Agent signature required when reinstating)

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

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

000000712460
04/26/07-80047-026 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAMIMI, MIKE 921 ALBERTA ST ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AKERY, PATRICIA 13020 FRONT BEACH RD #206 PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAMIMI, SANDRA 921 ALBERTA ST ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Sandra Tamimi* Sondra Tamimi 4/12/07 334-494-5093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #