2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N99000004572

Entity Name: SOMERSET ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3632343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: PTD ( ) Delete
Name: KAUFMAN, LEE
Address: 3840 GLENFORD DR
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete
Name: DAVIS, RICHARD
Address: 3842 FALLSCREST CIR
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: MURPHY, CHARLES
Address: 3837 GLENFORD DR
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: BERRIOS, RAY
Address: 3825 GLENFORD DR
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: LISH, SCOTT
Address: 3857 GLENFORD DR
City-St-Zip: CLERMONT, FL 34711

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: D (X) Change ( ) Addition
Name: FLANNERY, RAY
Address: 3796 FALLCREST CIR
City-St-Zip: CLERMONT, FL 34711

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: LEE KAUFMAN PD 03/27/2009

Electronic Signature of Signing Officer or Director — Date