Entity Name: SOMERSET VILLAGE CONDOMINIUM ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

CORNERSTONE PROPERTY SOLUTIONS 4510 NW 6TH PLACE SUITE B GAINESVILLE, FL 32607

Current Mailing Address:

DOCUMENT# 763049

CORNERSTONE PROPERTY SOLUTIONS 4510 NW 6TH PLACE SUITE B GAINESVILLE, FL 32607 US

FEI Number: 59-2235786

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF NORTH CENTRAL FLORIDA, LLC. CORNERSTONE PROPERTY SOLUTIONS 4510 NW 6TH PLACE SUITE B GAINESVILLE, FL 32607 US

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.

EUGENE C. HAUFLER			01/08/2014
Electronic Signature of Registered Agent			Date
ctor Detail :			
P	Title	Т	
EDWARDS, DAVID	Name	FERNANDEZ, DIELLE	
998 COUNTRY CLUB ROAD	Address	1662 SW 16TH ST.	
SANFORD FL 32773	City-State-Zip:	GAINESVILLE FL 32608	
VP D	Title	S	
,	Nomo		
VALLADARES, RUDY	Name	FATEL, DARSHAR	
3848 S.W. 6 PLACE	Address	7524 SW 84 DRIVE	
GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32605	
	etor Detail : P EDWARDS, DAVID 998 COUNTRY CLUB ROAD SANFORD FL 32773 VP, D VALLADARES, RUDY 3848 S.W. 6 PLACE	Electronic Signature of Registered Agent ctor Detail : P Title EDWARDS, DAVID Name 998 COUNTRY CLUB ROAD Address SANFORD FL 32773 City-State-Zip: VP, D Title VALLADARES, RUDY Name 3848 S.W. 6 PLACE Address	Electronic Signature of Registered Agent Etor Detail : P Title T EDWARDS, DAVID Name FERNANDEZ, DIELLE 998 COUNTRY CLUB ROAD Address 1662 SW 16TH ST. SANFORD FL 32773 City-State-Zip: GAINESVILLE FL 32608 VP, D Title S VALLADARES, RUDY Name PATEL, DARSHAK 3848 S.W. 6 PLACE Address 7524 SW 84 DRIVE

I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: DAVID EDWARDS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

01/08/2014

Date