SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 25 1997 8:00am
Secretary of State

DOCUMENT # 728421 (9)

1. Corporation Name
SOMERSET CONDOMINIUM NO. THREE, INC.

Principal Place of Business	Mailing Address
2811 SOMERSET DRIVE LAUDERDALE LAKES FL 33311-1981	2811 SOMERSET DRIVE LAUDERDALE LAKES FL 33311-1981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1973
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JENKINS, ROBERT
2811 SOMERSET DRIVE
SUITE C 309
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, ROBERT		1.2 NAME		
STREET ADDRESS	2811 SOMERSET DRIVE, SUITE C209		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	S	☑ Change ☐ Addition
NAME	ROZNER, MYRA		2.2 NAME	POZNER	
STREET ADDRESS	2811 SOMERSET DR. APT C412		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUD LAKES FL 33311		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	BROWN, BEATRICE		3.2 NAME	TERRY TAYLOR	
STREET ADDRESS	2811 SOMERSET DR. C102		3.3 STREET ADDRESS	2811 SOMERSET DR C314	
CITY-ST-ZIP	LAUD LAKES FL 33311		3.4 CITY-ST-ZIP	LAUD LAKE FL 33311	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	NRAILE, MAE		4.2 NAME	BRAILE	
STREET ADDRESS	2811 SOMERSET DRIVE, C101		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUD LAKES FL 33311		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUDMAN, ROBERT		5.2 NAME		
STREET ADDRESS	2811 SOMERSET, C215		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUD LAKES FL 33311		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	SUPERNASNT, LINA		6.2 NAME	SUPRENANT	
STREET ADDRESS	2811 SOMERSET DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAUD LAKES FL 33311		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED MYRA POZNER Myra Rozner 7/19/97.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date