

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90097 028 \*\*\*\*61.25

**DOCUMENT # 728423**

1. Entity Name  
**SOMERSET CONDOMINIUM NO. SIX, INC.**



Principal Place of Business  
**2845 SOMERSET DRIVE  
LAUDERDALE LAKES FL 33311**

Mailing Address  
**2845 SOMERSET DRIVE  
LAUDERDALE LAKES FL 33311**

**55005255**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2861 Somerset Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**2861 Somerset Dr**  
Suite, Apt. #, etc.

City & State  
**LAud. Lks., FL**

City & State  
**LAud. Lks., FL**

4. FEI Number **59-1579233**

Applied For  
 Not Applicable

Zip  
**33311**

Country  
**Broward**

Zip  
**33311**

Country  
**Broward**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKALAR, BROUGH & CHADROW, P.A.  
2240 WEST 70TH AVENUE, SUITE D  
FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW. FEE IS \$61.25~~

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	MARCIA ALFRED	2861 SOMERSET DR	LAUDERDALE LKS, FL 00000	<input type="checkbox"/>
PD	REMY, NAOMI	2861 SOMERSET DR	LAUDERDALE LAKES FL 33311	<input checked="" type="checkbox"/>
VPD	HAWE, LAURA	2861 SOMERSET DR	LAUDERDALE LAKES FL 33311	<input checked="" type="checkbox"/>
DS	BEAUCAGE, MARIE-CLAIRE	2861 SOMERSET DRIVE	LAUDERDALE LAKES FL 33311	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DT	Marcia Alfred-Mason	2861 SOMERSET DR	LAUD. LKS., FL 33311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	President PD	Hawe, Laura	2861 Somerset Dr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	VICE PRESIDENT D	Dolores Kish-Theodore	2861 Somerset Dr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	DS	MARIE-CLAIRE BEAUCAGE	2861 SOMERSET DR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I 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 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: *[Signature]* 1/7/03 954-486-7486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #