

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742793 (3)**  
1. Corporation Name  
**SOMERSET F CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **SOMERSET F 115 CENTURY VILLAGE 33417 33417**  
Mailing Address: **115 SOMERSET F CENTURY VILLAGE WEST PALM BEACH FL 33417 US**

3. Date Incorporated or Qualified: **05/08/1978**  
3a. Date of Last Report: **03/06/1995**  
4. FEI Number: **59-1652309**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STEINBACK, CLAIRE  
SOMERSET F 115  
WEST PALM BEACH FL 33417**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: STEINBACK, RAY STREET ADDRESS: SOMERSET 115 "F" CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: VD NAME: HOMGMAN, ALLAN STREET ADDRESS: SOMERSET F117 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: D NAME: KOSLOW, IRVING STREET ADDRESS: SOMERSET F104 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: S NAME: GUZICK, REBA STREET ADDRESS: SOMERSET F 115 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: D NAME: GUZICK, REBA STREET ADDRESS: SOMERSET F101 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: D NAME: SILVER, ESTELLE STREET ADDRESS: SOMERSET "F" 98 CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Raymond Steinback* 3/15/95 471-1590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)