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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

742793

(3)

## SOMERSET F CONDOMINIUM ASSOCIATION, INC.

				-				
Principal Place of Business		Mailing Address	Mailing Address			J 185111 19811 BIOLO HEID INDIA INDIA		1f 8484)
SOMERSET F 115 CENTURY VILLAGE 33417 33417		115 SOMERSET F CENTURY VILLAGE WEST PALM BEACH FL 33417-2120		3	Date Incorporated or Qualified	3a. Date of Las	1 Papart	
		US		"	05/08/1978	04/02/		
	ace of Business	2a. Mailing Address			4.	FEI Number 59-1652309	<del>  </del>	Applied For
Suite: Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable  5 Additional
22		27			5.	Certificate of Status Desired	1 1 7	Required
City & State		City & State		6.	Election Campaign Financing		May Be	
<b>23</b> Zip	Country	<b>28</b>	Zip Country			Trust Fund Contribution		d to Fees
24	25 29 30			8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes No			r 8. 199.032,	
			10. Name and Address of New Registered Agent					
			81	Name				
STEINBACK, CLAIRE SOMERSET F 115			82	Street A	eet Address (P.O. Box Number is Not Acceptable)			
WEST P.		83			·			
***************************************			84	Cit.			11 -	. 0
							FL	ip 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								
	Signature, typed or printed name of registered ag			ent signature r		<del> </del>	DATE	
12.			13.	<del></del>		ADDITIONS/CHANGES TO OFFIC		
111LE	PD Steinback, Ray	1	1.1 TITLE	1			Chang	e L Addition
NAME OTRESE ADDRESS	SOMERSET 115 *F*		1.2 NAME					1
STREET ADDRESS	WEST PALM BEACH FL		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	VD VD		1.4 CITY - S 2.1 TITLE	ST - ZIP	······································		☐ Chang	e Addition
NAME	HOMGMAN, ALLAN	<del></del>	2.2 NAME				Li Chang	e La rodinon
STREET ADDRESS	SOMERSET F117		2.3 STREET	ADDDECC				
City - St - ZiP	WEST PALM BEACH FL		2.4 CITY-					
TITLE	D		3.1 TITLE	31 - ZIF			☐ Chang	e Addition
NAME	KOSLOW, IRVING		3.2 NAME					
STREET ADDRESS	SOMERSET F104		3.3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY - 5	ST-ZIP				İ
TITLE	S	☐ DELETE	4.1 TITLE				Chang	e Addition
NAME	Guzick, reba		4. 2 NAME					
STREET ADDRESS	SOMERSET F 115		4.3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY - S	1- ZIP				
TITLE	D	☐ DELETE	5.1 TITLE				☐ Chang	e 🔲 Addition
NAME	GUZICK, REBA		5.2 NAME	ŀ				
STREET ADDRESS	SOMERSET F101	· ·	5.3 STREET	ADDRESS				]
CITY-ST 2IP	WEST PALM BEACH FL		5.4 CITY - S	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	ľ			☐ Chang	e 🔲 Addition
NAME	SILVER, ESTELLE	Į.	6.2 NAME					j
STREET ADORESS	SOMERSET "F" 98	į	6.3 STREET	ADDRESS				İ
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY - S	T-ZIP				

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

PAATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.28-97

Daytime Phone # 0039463

**FILED** 

Mar 05 1997 8:00am

Secretary of State