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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21. SOMERSET F 109
22. CENTURY VILLAGE
23. W. PALM BEACH, FL
24. 33417
25. U.S.
2a. Mailing Address
26. 109 SOMERSET F
27. CENTURY VILLAGE
28. W. PALM BEACH, FL
29. 33417
30. U.S.

9. Name and Address of Current Registered Agent
STEINBACK, CLAIRE
SOMERSET F 115
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent
81. Name: TRACEY SCANDIA
82. Street Address (P.O. Box Number is Not Acceptable): 109 SOMERSET F
83.
84. City: W. PALM BEACH FL 85. Zip Code: 33417

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: *Allan Honigman* (Signature of registered agent and title if applicable) *Tracey Scandia* (NOTE: Registered Agent signature only when reinstating) 2/11/98 DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: STEINBACK, RAY	
STREET ADDRESS: SOMERSET 115 "F"	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: HONIGMAN, ALLAN	
STREET ADDRESS: SOMERSET F117	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: KOSLOW, IRVING	
STREET ADDRESS: SOMERSET F104	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: GUZICK, REBA	O.K.
STREET ADDRESS: SOMERSET F 115	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: GUZICK, REBA	O.K.
STREET ADDRESS: SOMERSET F101	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: SILVER, ESTELLE	
STREET ADDRESS: SOMERSET "F" 98	
CITY-ST-ZIP: WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HONIGMAN, ALLAN	
1.3 STREET ADDRESS: 109 SOMERSET F	
1.4 CITY-ST-ZIP: W. PALM BEACH FL 33417	
2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: GUZICK, SIDNEY	
2.3 STREET ADDRESS: 101 SOMERSET "F"	
2.4 CITY-ST-ZIP: W. PALM BEACH, FL 33417	
3.1 TITLE: TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: SCANDIA, TRACEY	
3.3 STREET ADDRESS: 109 SOMERSET F	
3.4 CITY-ST-ZIP: W. PALM BEACH, FL 33417	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 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.

CP2E037 (10/97)