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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742793

1. Corporation Name
SOMERSET F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: SOMERSET F 109 CENTURY VILLAGE W PALM BCH FL 33417 US
 Mailing Address: 109 SOMERSET F CENTURY VILLAGE WEST PALM BEACH FL 33417 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/08/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1652309
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24	29	30

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

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	PD HONIGMAN, ALLAN 117 SOMERSET F WEST PALM BEACH FL 33417	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD EUZICK, SIDNEY 101 SOMERSET F WEST PALM BEACH FL 33417	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VO KOSLOWE, IRVING
STREET ADDRESS		2.3 STREET ADDRESS	104 SOMERSET F
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	TRD SCANDIA, TRACEY 109 SOMERSET F WEST PALM BEACH FL 33417	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S GUZICK, REBA SOMERSET F 115 WEST PALM BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D GUZICK, SIDNEY
STREET ADDRESS		4.3 STREET ADDRESS	101 SOMERSET F
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D GUZICK, REBA SOMERSET F 101 WEST PALM BEACH FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SD GUZICK, REBA
STREET ADDRESS		5.3 STREET ADDRESS	101 SOMERSET F
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D SILVER, ESTELLE SOMERSET "F" 98 WEST PALM BEACH FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Alan Honigman* **REQUIRED** 4/29/99 561-284-0327
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)