

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90091 035 ****61.25

DOCUMENT # 742793

1. Entity Name

SOMERSET F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SOMERSET F 109
 CENTURY VILLAGE
 WEST PALM BCH FL 33417

109 SOMERSET F
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1652309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANDIA, TRACEY
109 SOMERSET F
WEST PALM BEACH FL 33417

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD HONIGMAN, ALLAN**
 STREET ADDRESS **117 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME **SD CASEY ROSEMARIE**
 STREET ADDRESS **97 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE Delete
 NAME **VD KOSLOWE, IRYING**
 STREET ADDRESS **104 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME **D TONELSON ELEANOR**
 STREET ADDRESS **107 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Delete
 NAME **TRD SCANDIA, TRACEY**
 STREET ADDRESS **109 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GUZICK, REBA**
 STREET ADDRESS **10 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KRAUS, PHYLIS**
 STREET ADDRESS **116 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FORAN, GLADYS**
 STREET ADDRESS **102 SOMERSET F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **ALLAN HONIGMAN**
Allen Honigman

2/7/02 (56) 684-0327

CR2E037 (9/01)