

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

COMM - 1 / 110: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **742795** (8)

1. Corporation Name

**SOMERSET I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <sup>172</sup>  
SOMERSET I APT. 170-  
WEST PALM BCH FL 33417

Mailing Address <sup>172</sup>  
SOMERSET I APT. 170-  
WEST PALM BCH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **02/25/1994**

4. FEI Number **59-1636187** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **SOMERSET I Apt 172** 26 Suite, Apt. #, etc. **SOMERSET I Apt 172**

22 City & State **WEST PALM BEACH FL** 27 City & State **WEST PALM BEACH FL**

23 Zip **33417** Country **USA** 28 Zip **33417** Country **USA**

24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.037, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**RUDNICK, ELIZABETH**  
SOMERSET I APT 170  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name **ROLL, ERNESTINE**

82 Street Address (P.O. Box Number is Not Acceptable) **SOMERSET I, 172**

83

84 City **WEST PALM BEACH FL** 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Roll** DATE **3/24/95**

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **KRAPES, MORRIS**  
STREET ADDRESS **SOMERSET 1 APT. 171**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **SD**  
NAME **STRAUSS, RUTH**  
STREET ADDRESS **SOMERSET I APT 173**  
CITY-ST-ZIP **W PALM BEACH, FL 00000**

TITLE **PD**  
NAME **SHAPIRO, HARRY**  
STREET ADDRESS **SOMERSET I APT. 177**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **TD**  
NAME **RUDNICK, ELIZABETH**  
STREET ADDRESS **SOMERSET I APT. 170**  
CITY-ST-ZIP **W PALM BEACH, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VD**  Change  Addition  
NAME **Doherty, Joyce**  
12 NAME  
13 STREET ADDRESS **Somerset I Apt. 174**  
14 CITY-ST-ZIP **W Palm Beach, FL 33417**

21 TITLE **SD**  Change  Addition  
22 NAME **Cheskin, Bernice**  
23 STREET ADDRESS **Somerset I Apt. 179**  
24 CITY-ST-ZIP **W Palm Beach, FL 33417**

31 TITLE **PD**  Change  Addition  
32 NAME **Krapes, Morris**  
33 STREET ADDRESS **Somerset I Apt. 171**  
34 CITY-ST-ZIP **W Palm Beach, FL 33417**

41 TITLE **TD**  Change  Addition  
42 NAME **Roll, Ernestine**  
43 STREET ADDRESS **Somerset I Apt. 172**  
44 CITY-ST-ZIP **W Palm Beach, FL 33417**

51 TITLE **DD**  Change  Addition  
52 NAME **Waranoff, Ida**  
53 STREET ADDRESS **Somerset I Apt. 181**  
54 CITY-ST-ZIP **W Palm Beach, FL 33417**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 110.07(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: *[Signature]* **MORRIS KRAPES** DATE **3/24/95**

SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN OR MEMBER OF DIRECTOR