

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **742795** (8)  
1. Corporation Name  
**SOMERSET I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**SOMERSET I  
APT 172  
WEST PALM BEACH FL 33417  
US**

Mailing Address  
**SOMERSET I  
SPT 172  
WEST PALM BEACH FL 33417  
US**

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business **Somerset I** 2a. Mailing Address **Somerset I**  
21 **Somerset I** 26 **Somerset I**  
22 **APT 171** 27 **APT 171**  
23 **WEST PALM BEACH, FL** 28 **WEST PALM BEACH**  
24 **33417** 25 **US** 29 **33417** 30 **US**

4. FEI Number **59-1636187** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROLL, ERNESTINE  
SOMERSET I  
APT 172  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
81 Name **MORRIS KRAPES**  
82 Street Address (P.O. Box Number is Not Acceptable) **Somerset I**  
83 **APT 171**  
84 City **West 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 *Morris Krapes* **MORRIS KRAPES, President** 3/24/92  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, JOYCE	
STREET ADDRESS	SOMERSET I APT 172	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHESKIN, BERNICE	
STREET ADDRESS	SOMERSET I APT 179	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRAPES, MORRIS	
STREET ADDRESS	SOMERSET I APT 171	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROLL, ERNESTINE	
STREET ADDRESS	SOMERSET I APT 171	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	WARANOFF, IDA	
STREET ADDRESS	SOMERSET I APT 181	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHAPIRO, HARRY	
1.3 STREET ADDRESS	Somerset I Apt 177	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	500001774215	
2.4 CITY-ST-ZIP	-04/09/96--01107--035	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	***61.25	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KRAPES SYLVIA	
4.3 STREET ADDRESS	Somerset I, Apt 171	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Morris Krapes* **MORRIS KRAPES, President** 1/17/96 (907) 471-8653  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)