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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742795 (8)
1. Corporation Name
SOMERSET I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business SOMERSET I APT 171 WEST PALM BEACH FL 33417 US	Mailing Address SOMERSET I APT 171 WEST PALM BEACH FL 33417 US
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3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1636187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**KRAPES, MORRIS
SOMERSET I
APT 171
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 (Signature typed or printed name of registered agent and title if applicable.)
Morris Krapes (NOTE: Registered Agent signature required when registering.)
DATE: February 4, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HARRY	1.2 NAME	JUJCE DOHERTY
STREET ADDRESS	SOMERSET I APT 177	1.3 STREET ADDRESS	SOMERSET I APT 174
CITY-ST-ZIP	W PALM BCH FL 33417	1.4 CITY-ST-ZIP	W PALM BCH FL 33417
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESKIN, BERNICE	2.2 NAME	
STREET ADDRESS	SOMERSET I APT 179	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPES, MORRIS	3.2 NAME	
STREET ADDRESS	SOMERSET I APT 171	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPES, SYLVID	4.2 NAME	KRAPES, SYLVIA
STREET ADDRESS	SOMERSET I APT 171	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 33417	4.4 CITY-ST-ZIP	
TITLE	DD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARANOFF, IDA	5.2 NAME	ERNESTINE ROLL
STREET ADDRESS	SOMERSET I APT 181	5.3 STREET ADDRESS	SOMERSET I APT 172
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	<input type="checkbox"/> DELETE	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 do 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 in both, if changed on this report.

MORRIS KRAPES

CR2E037 (9/96)