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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 742795

1. Corporation Name
SOMERSET I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SOMERSET I APT 171 WEST PALM BEACH FL 33417 US	SOMERSET I APT 171 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	59-1636187
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAPES, MORRIS SOMERSET I APT 171 WEST PALM BEACH FL 33417	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE DOHERTY	1.2 NAME	JUSTIN STEPLER
STREET ADDRESS	SOMERSET I APT 174	1.3 STREET ADDRESS	SOMERSET I APT 174
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	W PALM BCH FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESKIN, BERNICE	2.2 NAME	JOYCE DOHERTY
STREET ADDRESS	SOMERSET I APT 179	2.3 STREET ADDRESS	SOMERSET I APT 174
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	W PALM BCH FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPES SYLVIA	4.2 NAME	
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 type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTINE ROLL	5.2 NAME	RUTH STRAUS
STREET ADDRESS	SOMERSET I APT 172	5.3 STREET ADDRESS	SOMERSET I APT 172
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	W PALM BCH FL
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 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: *[Signature]* **REQUIRED** Date: *April 4, 1998* (561) 471-8653 Daytime Phone #

CR2E037 (11/98)