

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742795

1. Entity Name

SOMERSET I CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90161 049 \*\*\*\*61.25

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1636187</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRAPES, MORRIS  
 SOMERSET I  
 APT 171  
 WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	STEPPLES, JUSTIN	
STREET ADDRESS	SOMERSET I APT 174	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOHERTY, JOYCE	
STREET ADDRESS	SOMERSET I APT 176	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
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 type="checkbox"/> Delete
NAME	KRAPES SYLVIA	
STREET ADDRESS	SOMERSET I APT 171	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUS, RUTH	
STREET ADDRESS	SOMERSET I APT 172	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPLER, JUSTIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE 1/18/00 561 471-8653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)