

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90084 013 ****61.25

DOCUMENT # 742795

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1636187

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **STUPPLER, JUSTIN**
 STREET ADDRESS **SOMERSET I APT 174**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FLYNN, DON**
 STREET ADDRESS **SOMERSET APT 184**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **SECRETARY** Change Addition
 NAME **WARANOFF, IDA**
 STREET ADDRESS **181 Somerset I**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **PD** Delete
 NAME **KRAPES, MORRIS**
 STREET ADDRESS **SOMERSET I APT 171**
 CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **KRAPES SYLVIA**
 STREET ADDRESS **SOMERSET I APT 171**
 CITY-ST-ZIP **W PALM BEACH, FL 33417**

TITLE **Treasurer** Change Addition
 NAME **Lilly Richman**
 STREET ADDRESS **Somerset Apt 175**
 CITY-ST-ZIP **West Palm Beach FL 33417**

TITLE **D** Delete
 NAME **STRAUS, RUTH**
 STREET ADDRESS **SOMERSET I APT 172**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 life empowered.

SIGNATURE:

Morris Krapes
MORRIS KRAPES

1/13/02 (560) 471-8653
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)