

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90036 018 \*\*\*\*61.25

**DOCUMENT # 742795**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1636187**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MORRIS KRAPES, President** *Morris Krapes* **Jan 6, 2003**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STUPLER, JUSTIN</b>	
STREET ADDRESS	<b>SOMERSET I APT 174</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KRAPES, MORRIS</b>	
STREET ADDRESS	<b>SOMERSET I APT 171</b>	
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EICHMAN, LILLY</b>	
STREET ADDRESS	<b>181 SOMERSET APT 175</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAUS, RUTH</b>	
STREET ADDRESS	<b>SOMERSET I APT 172</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WARANOFF, IDA</b>	
STREET ADDRESS	<b>181 SOMERSET 1</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHMAN, LILLY</b>	
STREET ADDRESS	<b>181 SOMERSET I, APT 175</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
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 **MORRIS KRAPES** *Morris Krapes* **Jan 6 2003 (561) 471-8653**

CR2E037 (10/02)