

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39683 (0)

**1. Corporate Name:
THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.**

**APPROVED
AND
FILED**

95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: Mailing Address

% ALL FLORIDA MANAGEMENT
4301 OAK CIR. STE 18
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1990** 3a. Date of Last Report: **02/28/1994**

4. FEI Number: **65-0220366** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: Mailing Address

21. Suite, Apt # etc: _____ 26. Suite, Apt # etc: _____

22. City & State: _____ 27. City & State: _____

24. Zip: _____ Country: _____ 29. Zip: _____ Country: _____

9. Name and Address of Current Registered Agent

**ALL FLORIDA MANAGEMENT
4301 OAK CIR
STE 18
BOCA RATON FL 33431**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Typed name of registered agent and title, if applicable) (Typed name of registered agent, registered agent, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ANDERSON, NORMAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, NORMAN	1.2 NAME	
STREET ADDRESS	17288 BOCA CLUB BLVD #2097	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE	DTS BISCH, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCH, JOHN	2.2 NAME	
STREET ADDRESS	17288 BOCA CLUB BLVD #2101	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	
TITLE	DV GUZZETTA, ROSE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZETTA, ROSE	3.2 NAME	
STREET ADDRESS	17282 BOCA CLUB BLV 2405	3.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	3.4 CITY, ST, ZIP	
TITLE	D BAKKEN, LOIS M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKKEN, LOIS M	4.2 NAME	
STREET ADDRESS	17282 BOCA CLUB BLVD #2404	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4.4 CITY, ST, ZIP	
TITLE	D STERNBERG, EMMA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, EMMA	5.2 NAME	
STREET ADDRESS	17288 BOCA CLUB BLV 2108	5.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	5.4 CITY, ST, ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information related 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 of attached, or on an attachment with an address.

SIGNATURE: _____ *R. Guzzetta* PRESIDENT 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR