

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39683** (0)

1. Corporation Name

THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business * ALL FLORIDA MANAGEMENT - 4301 OAK CIR. STE 18 - BOCA RATON FL 33431 - US		Mailing Address * ALL FLORIDA MANAGEMENT - 4301 OAK CIR. STE 18 - BOCA RATON FL 33431 - US		3. Date Incorporated or Qualified 08/24/1990	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 C/O Glen Management Svcs. Suite, Apt. #, etc. 22 4301 Oak Circle, #23 City & State 23 Boca Raton, FL Zip 24 33431	Country 25 US	2a. Mailing Address 26 C/O Glen Management Svcs Suite, Apt. #, etc. 27 4301 Oak Circle, #23 City & State 28 Boca Raton, FL Zip 29 33431	Country 30 US	4. FEI Number 65-0220366	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <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
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Andrew C. Glen		
				82 Street Address (P.O. Box Number is Not Acceptable) Glen Management Services		
				83 4301 Oak Circle, #23		
				84 City Boca Raton	85 Zip Code FL 33431	

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 *Andrew C. Glen* DATE **3/26/90**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GV GUZZETTA, ROSE 17262 BOCA CLUB BLV 2405 BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKKEN, LOIS M 17262 BOCA CLUB BLVD #2404 BOCA RATON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERNBERG, EMMA 17266 BOCA CLUB BLV 2108 BOCA RATON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Moliterno, Ursula 17266 Boca Club Blvd., #1607 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Green, Selma 17260 Boca Club Blvd., #1503 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Fuller, Margaret 17274 Boca Club Blvd., #2302 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in an attachment with an address.

SIGNATURE: *Ursula Moliterno* DATE **3/26/90** (407) 392-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)