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**Feb 19, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N39683**

1. Corporation Name

**THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O GLEN MANAGEMENT SVCS.  
 4301 OAK CIRCLE #23  
 BOCA RATON FL 33431  
 US

C/O GLEN MANAGEMENT SVCS.  
 4301 OAK CIRCLE #23  
 BOCA RATON FL 33431  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/24/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0220366	
24	Country	29	Country	Applied For	
25	Country	30	Country	Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
ANDREW C. GLEN GLEN MANAGEMENT SERVICES 4301 OAK CIRCLE, #23 BOCA RATON FL 33431				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
				5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	

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: *A. GLEN* DATE: 1/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZETTA, ROSE	1.2 NAME	
STREET ADDRESS	17262 BOCA CLUB BLV 2405	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DSDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SELMA	2.2 NAME	
STREET ADDRESS	17260 BOCA CLUB BLVD. #1503	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, MARGARET	3.2 NAME	
STREET ADDRESS	17274 BOCA CLUB BLVD. #2302	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

*R. Guzzetta*

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ROSE GUZZETTA** DATE: 1/26/99 DAYTIME PHONE #: 561-392-0970

CR2E037 (1/198)