

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90073 014 ****61.25

DOCUMENT # N39683

1. Entity Name

THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION

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 33431-4258
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Glen Management Services

C/O Glen Management Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 W. CAMINO GARDENS BLD. #200

P.O. BOX 1390

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

33429-1390

USA

4. FEI Number

65-0220366

Applied For

Not Applicable

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

ANDREW C. GLEN
GLEN MANAGEMENT SERVICES
 4301 OAK CIRCLE, #23
 BOCA RATON FL 33431

Name *ANDREW C. GLEN*

Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLD #200

City *BOCA RATON*

FL

Zip Code *33432*

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

A. Glen

2/10/2000

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	DP	<input type="checkbox"/> Delete
NAME	GUZZETTA, ROSE	
STREET ADDRESS	17262 BOCA CLUB BLV 2405	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DSDT	<input type="checkbox"/> Delete
NAME	GREEN, SELMA	
STREET ADDRESS	17260 BOCA CLUB BLVD. #1503	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER, MARGARET	
STREET ADDRESS	17274 BOCA CLUB BLVD. #2302	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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:

SIGNATURE *R. Guzzetta*

2/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)