

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

4. FEI Number

65-0220366

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33429-1390

Country
USA

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 [Handwritten Signature]

2/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)