

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90044 005 \*\*\*\*70.00

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<b>DOCUMENT # N39683</b>						
1. Entity Name THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business C/O GLEN MANAGEMENT SVCS. 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 US			Mailing Address C/O GLEN MANAGEMENT SVCS. 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 65-0220366				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ANDREW C. GLEN 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIZZI, CHARLES			NAME	PRESIDENT	
STREET ADDRESS	301 W CAMINO GARDENS BLVD #200			STREET ADDRESS	G. Charles Zizzi	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	17262 BOCA CLUB BLVD BOCA RATON, FL 33487	
TITLE	DSDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, SELMA			NAME		
STREET ADDRESS	301 W CAMINO GARDENS BLVD #200			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRONMAN, JOAN			NAME		
STREET ADDRESS	301 W CAMINO GARDENS BLVD #200			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORAN, HARRY			NAME		
STREET ADDRESS	301 W. CAMINO GARDENS BLVD, #200			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: <i>G. Charles Zizzi</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____		