2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # N9800000651 1. Entity Name SOMERSET COVE HOMEOWNERS' ASSOCIATION, INC.						03-12-200-	4 90041	012 ****	61.25
	K MANAGEMENT SERVICES 5TH ST., SUITE 1002		ANDMARK MANAGEMENT SERVICES 123 SW 55TH ST., SUITE 1002						
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004 C	hg-NP	CR2E03	7 (10/03)		
City & State		City & State		,	4. FEI Number 65-102446	61		 	plied For Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Agent	Nam	10	7. Name and Add	dress of New Ro	egistered A	gent	
	, BROUGH & CHADROW, PA H PINE ISLAND BLVD, SUITE	Stre	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324-2669									
				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									
1	Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign F Trust Fund Contribut			19 🗀	\$5.00 May Be Added to Fees			payable to ment of St	
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANG	SES TO OFFICER	RS AND DIF		
NAME .	MAZELIN, ALFREDA	Detete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	12864 SW 5D ST STRE MIRAMAŘ, FL 33923 3 302/7 CITY								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, CARLOS 4963 SW 128 TERR MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRE	ss				☐ Change	☐ Addition
TITLE - NAME STREET ADDRESS	S MORALES, MARIA 12904 SW 50 STREET	Delete	NAME STREET ADDRE	12	FFAM 16 862 S RAMAR, P	055 W 5057RG		Change	Addition
CITY-ST-ZIP	MIRAMAR, FL 33027	Delete	CTTY-ST-ZIP		· · · · · ·			Change	☐ Addition
NAME STREET ADDRESS	STEIN, MARTIN 12851 SW 49 CT	22 0000	NAME STREET ADDRI	, G	ISELLA H	ERRER ENSTRE	A		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	3 12 M	880 SW MAMARIA	WRINA	33021	7	
TITLE NAME		☐ Delete	. Title Name	VD	NDA BR	YANT		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS 12	902 SU	5 50 ST	nceT n		
TITLE NAME	No. of the second	Detete	TATLE NAME	ļ	;			☐ Change	☐ Addition
Street adoress City-St-Zip			STREET ADDR	:22:			•		
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 fixe empowered. SIGNATURE: SIGNATURE: 3/9/10/15/15/15/15/15/15/15/15/15/15/15/15/15/									
J. W. 1711	SIGNATIVE AND TYPED OR	RINTED NAME OF SIGNING OFFICE	OR DIRECTOR		····	Date	De	zytime Phone #	