NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000651

1. Entity Name

Somerset Cove Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

FILED
03 MAY -8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Miami Managent Inc.	SAME.
Suite, Apt. #, etc. 1145 SAWGRASS CORP. PKWY	Suite, Apt. #, etc. SAME
City & State SUNRISE, FL.	City & State SAME
Zip 33323 Country USA	Zip Country

4. FEI Number 65-1824461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BAKALAR BROUGH & CHADROW, P.A.
Street Address (P.O. Box Number is Not Acceptable): 138 S. PINE ISLAND RD.
SUITE 540
City: PLANTATION FL Zip Code: 33324

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: MICHAEL S. CHADROW, ESQ. for BAKALAR BROUGH & CHADROW, P.A. DATE: 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	900019746269
NAME	Alfreda Mazelin	NAME	05/22/03--01080--026 **61.25
STREET ADDRESS	12864 SW 50 St	STREET ADDRESS	
CITY-ST-ZIP	Miramar FL 33027	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Carlos Martinez	NAME	
STREET ADDRESS	4463 SW 128 Ter	STREET ADDRESS	
CITY-ST-ZIP	Miramar FL 33027	CITY-ST-ZIP	
TITLE	Sec.	TITLE	
NAME	Maria Morales	NAME	
STREET ADDRESS	12904 SW 50 St	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Miramar, FL 33027	CITY-ST-ZIP	
TITLE	Tres	TITLE	
NAME	Martin Stein	NAME	**IN THIS SPACE**
STREET ADDRESS	12851 SW 49 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miramar, FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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

SIGNATURE: Alfreda Mazelin - Alfreda Mazelin 4/24/03 305 816-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #