

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33378 (3)

1. Corporation Name

SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ALL FLORIDA MANAGEMENT
301 OAK CIRCLE STE 18
BOCA RATON FL 33431
US

C/O ALL FLORIDA MANAGEMENT
4301 OAK CIRCLE STE 18
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0150499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLEN ANDREW C
ALL FLORIDA MANAGEMENT
4301 OAK CIRCLE STE 18
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOCHMAN, ALAN
STREET ADDRESS 17242 BOCA CLUB BLVD 103
CITY-ST-ZIP BOCA RATON FL

TITLE VD
NAME BUSCH MARY LOU
STREET ADDRESS 17288 BOCA CLUB BLVD, #2101
CITY-ST-ZIP BOCA RATON FL

TITLE SD
NAME GREENBERG, ALAN
STREET ADDRESS 17248 BOCA CLUB BLVD 104
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME BAKKEN, LOIS M
STREET ADDRESS 17282 BOCA CLUB BLVD, #2404
CITY-ST-ZIP BOCA RATON FL

TITLE -D
NAME WHALEN, LOUIS
STREET ADDRESS 17274 BOCA CLUB BLVD -#2308-
CITY-ST-ZIP BOCA RATON FL

TITLE -D
NAME ANDERSON, NORMAN--
STREET ADDRESS 17288 BOCA CLUB BLVD, #20007
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN NOCHMAN

DATE

DAYTIME PHONE #

0011808