

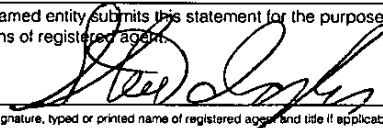


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000009144 1. Entity Name SOMERSET AT ASACOA CONDOMINIUM ASSOCIATION, INC.						FILED 05 JUL -7 AM 9:11 FL. ANASSEE, FLORIDA 	
Principal Place of Business 2600 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431				Mailing Address 2600 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431			
2. Principal Place of Business		3. Mailing Address		06102005 Chg-NP CR2E037 (10/03)		4. FEI Number 20-0934746	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent C. JASON MCARTHUR 2600 NORTH MILITARY TRAIL SUITE 100 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Steve Inglis Street Address (P.O. Box Number is Not Acceptable) 1930 Commerce Lane Ste # 1 City Supiter FL 33458			
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  DATE 6-17-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD C. JASON MCARTHUR 2600 NORTH MILITARY TRAIL #100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ben Taylor 175 Galicia Way #102 Supiter FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KUBIN, DAVID T 2600 NORTH MILITARY TRAIL #100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kosta Samouildis 105 Egret Drive Supiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JESSEE, TIA 2600 NORTH MILITARY TRAIL #100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Eileen MichelBeink 105 Santiago Dr #104 Supiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Barbara Brodie 175 Galicia Way Supiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dayton McEwen 175 Galicia Way #201 Supiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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: Ben D Taylor <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6/27/05 <small>Date</small>		561-575-3557 <small>Daytime Phone #</small>	