

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
VOID
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 002 ****61.25

FILED TO THIS CORPORATION IN ERROR, SHOULD
HAVE BEEN FILED TO A CORPORATION WITH A
SIMILAR NAME, SEE #N03000009144. SPT 6-8-06

DOCUMENT # N33378

1. Entity Name
**SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O GLEN MANAGEMENT SVCS.
301 W. COMINO GARDENS BLVD.
BOCA RATON, FL 33432 US**

Mailing Address
**301 W CAMINO GRDNS BLVD
#200
BOCA RATON, FL 33432 US**

0006J14J



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0150499

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLEN MANAGEMENT SERVICES
301 W. CAMINO GARDENS BLVD. SUTIE 200
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name **Bristol Management Services Inc.**
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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D	<input checked="" type="checkbox"/> Delete
NAME	NITZKE, LEROY	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOLDFELD, ANITA	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLARSH, HOWARD	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, SELMA	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, RICHARD	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LEN	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Taylor	
STREET ADDRESS	175 Galicia Way #102	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danton McEwen	
STREET ADDRESS	145 Galicia Way #201	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Walsh	
STREET ADDRESS	121 Santiago Dr. #104	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Lynn	
STREET ADDRESS	111 Santiago Dr. #103	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmella Greco-Smith	
STREET ADDRESS	175 Galicia Way #205	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #