

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90088 045 ****61.25

DOCUMENT # N33378

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



6004000

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



2. Principal Place of Business - No P.O. Box #
c/o United Comm. Mgt
11784 W. Sample Rd
Coral Springs, FL
33065 USA

3. Mailing Address
c/o United Comm. Mgt
11784 W Sample Rd.
Coral Springs, FL
33065 USA

02232007 Chg-NP CR2E037 (12/06)

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, SUITE 200~~
~~BOCA RATON, FL 33432~~

7. Name and Address of New Registered Agent
Name **Randall K. Rogers & Associates P.A.**
Street Address (P.O. Box Number is Not Acceptable)
621 NW 53 St, #300
City **Boca Raton** FL Zip Code **33487**

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 *Randall K. Rogers* **2/23/07** *Randall K. Rogers & Assoc. P.A.*
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARAN, GEORGE 17270 BOCA CLUB BLVD #1701 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KARAN, GEORGIE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, JOSEPH S 17274 BOCA CLUB BLVD #2307 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, MARVIN 17286 BOCA CLUB BLVD #2107 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRONMAN, JOAN 17270 BOCA CLUB BLVD #1708 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRIER, MARVIN 17250 BOCA CLUB BLVD #104 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHRIER, MARVIN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITZKE, LEROY 17234 BOCA CLUB BLVD #103 BOCA RATON, FL 33487 <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 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: *Joseph S. Bell* **2-23-07** *954-752, 8119*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60024880

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

#N33378

Section 1

1. Somerset Master @ BG + T
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
c/o United Community Management Corp.
11784 W Sample Rd
Mailing Address of Business
Coral Springs FL 33065
City State Zip Code

3. Florida County of principal place of business: Palm Beach
(see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code	2. Last First M.I. Address City State Zip Code
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B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Entity Name <u>Somerset at Boca Golf + Tennis Homeowners Association, Inc.</u> Address <u>c/o United Community Management Corp.</u> <u>11784 W Sample Rd</u> City <u>Coral Springs FL</u> Zip Code <u>33065</u> Florida Registration Number <u>N33378</u> FEI Number: <u>650150499</u> <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u>[Signature]</u> Signature of Owner Date <u>2-23-2017</u> Phone Number: <u>954-752-849</u>	<u>[Signature]</u> Signature of Owner Date Phone Number:
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Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner	Date	Signature of Owner	Date
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Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50