

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 022 ****61.25

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1. Entity Name
SOMERSET AT ABACOA CONDOMINIUM ASSOCIATION, INC.



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

40062063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1930 Commerce Ln

1930 Commerce Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Country

Zip

Country

33458

USA

33458

USA

04032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0934746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIS, STEVE
1930 COMERCE LANE
SUITE #1
JUPITER, FL 33458

Name

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, 2008

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 P
NAME TAYLOR, BEN
STREET ADDRESS 175 GALICIA WAY #102
CITY-ST-ZIP JUPITER, FL 33458 ☒ Delete

TITLE P
NAME Carmella Smith
STREET ADDRESS 175 Galicia #205
CITY-ST-ZIP JUP FL 33458 ☒ Change ☐ Addition

TITLE VP
NAME SAMOULDIS, KOSTA
STREET ADDRESS 105 EGRET DRIVE
CITY-ST-ZIP JUPITER, FL 33458 ☒ Delete

TITLE VP
NAME ROBERT LYNN
STREET ADDRESS 111 SANTIAGO #103
CITY-ST-ZIP JUP. FL 33458 ☒ Change ☐ Addition

TITLE T
NAME BRINK, EILEEN M
STREET ADDRESS 105 SANTIAGO DR #104
CITY-ST-ZIP JUIPTER, FL 33458 ☒ Delete

TITLE T
NAME HAL STANKARD
STREET ADDRESS 1600 S AIA
CITY-ST-ZIP JUP. FL 33477 ☒ Change ☐ Addition

TITLE S
NAME BRODIE, BARBARA
STREET ADDRESS 175 GALICIA WAY
CITY-ST-ZIP JUPITER, FL 33458 ☒ Delete

TITLE S
NAME WILLIAM THOMAS
STREET ADDRESS 125 GALICIA #206
CITY-ST-ZIP JUP, FL 33458 ☒ Change ☐ Addition

TITLE D
NAME MCEWEN, DAYTON
STREET ADDRESS 145 GALICIA #201
CITY-ST-ZIP JUPITER, FL 33458 ☒ Delete

TITLE D
NAME KAREN WALSH
STREET ADDRESS 121 SANTIAGO #103
CITY-ST-ZIP JUPITER FL 33458 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Carmella Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/08 561-309-6761