## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

301 W CAMINO GRONS BLVD

## **DOCUMENT # N33378**

Principal Place of Business

C/O GLEN MANAGEMENT SVCS

SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS ASSO



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90145 006 \*\*\*\*70.00

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| 301 W. COMINO GARDENS BLVD.<br>BOCA RATON FL 33432<br>US |                                                                                                                              | #200<br>BOCA RATON FL 33432<br>US |                                            |                                                         | <br>                                                                   |                                       | i 3(8)) 8(8)) 8(4)                  |                   |                       |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------|-----------------------|
| 2. Principal Place of Business                           |                                                                                                                              | 3. Mailing Address                |                                            |                                                         |                                                                        |                                       |                                     |                   |                       |
| Suite, Apt                                               | . #, etc.                                                                                                                    | Suite, Apt. #, etc.               |                                            |                                                         | ☐ CHECK HERE IF MAKING CHANGES                                         |                                       |                                     |                   |                       |
| City & Sta                                               | te                                                                                                                           | City & State                      |                                            |                                                         | 4. FEI Number 65-0150499 Applied For                                   |                                       |                                     |                   | 7                     |
| Zip                                                      | Country                                                                                                                      | Zip Count                         |                                            |                                                         | 5. Certificate of Status Desired                                       |                                       | \$8.75 Add                          |                   |                       |
|                                                          | 6. Name and Address of Current R                                                                                             | egistered Agent                   | <u> </u>                                   |                                                         | 7. Name and Address of New I                                           |                                       |                                     | <del>-</del>      | 4                     |
| 301 W. C                                                 | Anagement Services<br>Camino Gardens BLVD. Sutie 200<br>Aton Fl 33432                                                        | )                                 |                                            | Name Street Address (P.O. Box Number is Not Acceptable) |                                                                        |                                       |                                     |                   | <b>-</b>  <br>- <br>- |
|                                                          |                                                                                                                              |                                   | Ci                                         | ity                                                     |                                                                        | FL                                    | Zip Code                            | e                 | $\frac{1}{1}$         |
| 8. The above the obligate SIGNATURE                      | named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent and |                                   |                                            | fice or registe                                         |                                                                        | orida. I am fa                        | amiliar with,                       | and accept        |                       |
| 10.                                                      | OFFICERS AND DIRE                                                                                                            |                                   | mpaign Finand<br>Contribution.             |                                                         |                                                                        | ike Check<br>da Departi<br>RS AND DIR | ment of S                           | itate .           | - 6                   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | HOCHMAN, ALAN **<br>301 W CAMINO GRDNS BLVD #20<br>BOCA RATON FL 33432                                                       | • •                               | NAME<br>STREET ADD                         | ORESS 301 Bai                                           | ZKE, LEROY<br>W.C.AMINU GARDONS<br>CA RATON, FL 3343                   |                                       | ☐ Change                            | <b>X</b> Addition | 0/01/200              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    | D<br>Sachs, Susan<br>301 W Camino Grdns BLVD #20<br>Boca Raton Fl 33432                                                      | Dalete                            | TITLE<br>NAME<br>STREET ADO<br>CITY-ST-ZI  | ORESS 30                                                | DECIDIANITA<br>LD FELD, ANITA<br>U. CATINO GARDE<br>OCA RATON, I-C 334 |                                       | ☐ Change<br>> <b>←</b> 2 <i>0</i> 5 | ☐ Addition        | 1000                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | D<br>OLARSH, HOWARD<br>301 W CAMINO GRDNS BLVD #20<br>BOCA RATON FL 33432                                                    | ☐ Delete                          | TITLE NAME STREET ADD CITY-ST-ZI           | 1                                                       |                                                                        |                                       | ☐ Change                            | Addition          | -                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | D<br>Green, Selma<br>301 W Camino Grdns Blvd #20<br>Boca Raton Fl 33432                                                      | Delete                            | TITLE NAME STREET ADD CITY-ST-ZI           | RESS 30/                                                | EN SEZMA<br>W.CAMINO-GARDEN<br>CA RATON, FC 3343                       | 5 BLUD                                | X Change                            | Addition          |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | ACKERMAN, RICHARD<br>301 W CAMINO GRDNS BLVD #200<br>BOCA RATON FL 33432                                                     | Deicte —                          | NAME STREET ADD CITY-ST-ZI                 | RESS 301                                                | CERTAN, RICHARD<br>W. CAMINO GARDE<br>CA RATON, FL 3343.               | SBLUD,                                | Change<br>#200                      | Addition          | _                     |
| STREET ADDRESS                                           | D<br>MARTIN, LEN<br>301 W CAMINO GRDNS BLVD #200<br>BOCA RATON FL 33432                                                      | ☐ Delete                          | TITLE<br>NAME<br>STREET ADD<br>CITY-ST-ZIF | RESS 301                                                | BINDER, PAT<br>W.CAMIND GARD<br>CARATON, PC 33                         | ess Bu                                | □ Change                            | 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 attackment with an address, with all other like empowered.

BOCA RATON, FC 33432.

SIGNATURE: