

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742793

**Entity Name:** SOMERSET F CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 02, 2024**  
**Secretary of State**  
**8506433314CC**

**Current Principal Place of Business:**

C/O PRUITTS PROPERTY MANAGEMENT  
4895 GARDNER LANE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O PRUITTS PROPERTY MANAGEMENT  
PO. BOX 540217  
GREENACRES, FL 33454 US

**FEI Number:** 59-1652309

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRUITTS PROPERTY MANAGEMENT  
4895 GARDNER LANE  
LAKE WORTH, FL 33463 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ENGEL , BOB  
Address        107 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

Title           PRESIDENT  
Name           WOLKENSTEIN, OLGA E.  
Address        103 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

Title           VP  
Name           ELLIOTT, PETER J.  
Address        120 SOMERSET F.  
City-State-Zip: WEST PALM BEACH FL 33417

Title           SECRETARY  
Name           DUNHAM, ANNA M.  
Address        108 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           SAGER, HONEY  
Address        105 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           ROBERTSON, DIANE  
Address        109 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           SCHWARTZ, ELEANORE  
Address        117 SOMERSET F  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WOLKENSTEIN , OLGA E.

**PRESIDENT**

**02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date