

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009144

**Entity Name:** SOMERSET AT ABACOA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC4837010420**

**Current Principal Place of Business:**

3900 WOODLAKE BLVD #309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

GRS MANAGEMENT  
3900 WOODLAKE BLVD. #309  
LAKE WORTH, FL 33463 US

**FEI Number:** 90-0250385

**Certificate of Status Desired:** No

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

GARY FIELD PA  
4440 PGA BLVD STE #308  
PALM BCH GARDENS, FL 33410 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:** MICHAEL WICKEN

03/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WICKEN, MICHAEL  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD 309  
City-State-Zip: LAKE WORTH FL 33463

Title           VP  
Name           LEVINE, STEVEN  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD. 309  
City-State-Zip: LAKE WORTH FL 33463

Title           PRESIDENT  
Name           VISO, HELENE  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD. 309  
City-State-Zip: LAKE WORTH FL 33463

Title           SECRETARY  
Name           ALLBRIGHT, LAURA  
Address        C/O GRS MANAGEMENT  
                  3900 WOODLAKE BLVD. 309  
City-State-Zip: LAKE WORTH FL 33463

Title           DIRECTOR  
Name           WEZNER, BRYANT  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD 309  
City-State-Zip: LAKE WORTH FL 33463

*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:** HELENE VISO

**PRESIDENT**

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date