

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000009144

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

**FILED**  
**Nov 15, 2016**  
**Secretary of State**  
**CC4856259057**

**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:** Yes

**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

11/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            SECRETARY  
Name            PEERY , MARTHA R  
Address        C/O GRS MANAGEMENT  
                  ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD. 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            SMITH , CARMELLA  
Address        3900 WOODLAKE BLVD #309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            BURKE, SUZANNE  
Address        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

11/15/2016

Electronic Signature of Signing Officer/Director Detail

Date