

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009144

Entity Name: SOMERSET AT ABACOA CONDOMINIUM ASSOCIATION, INC.

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