FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:49

DOCUMENT # 711683 (3)

1. Corporation Name
THE SOMERSET OF GULF STREAM, INC.

Principal Place of Business	Mailing Address
2613 N OCEAN BLVD GULFSTREAM FL 33483	2613 N OCEAN BLVD GULFSTREAM FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1966
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1157002 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MELLO, DORIS P
2613 N OCEAN BLVD
GULFSTREAM FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MC CARTY, CHARLES	12 NAME		
STREET ADDRESS	2613 N OCEAN BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	STEWART, PATRICIA	22 NAME	SCHWERING, HARLEY	
STREET ADDRESS	2613 N OCEAN BLVD	23 STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	24 CITY-ST-ZIP	GULFSTREAM FL	
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	CURRAN, LAURENCE	32 NAME	STEWART, PATRICIA	
STREET ADDRESS	2613 N OCEAN BLVD	33 STREET ADDRESS	2613 N OCEAN BLVD	
CITY-ST-ZIP	GULFSTREAM FL	34 CITY-ST-ZIP	GULFSTREAM FL	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WEBB, W. OSBORN	42 NAME		
STREET ADDRESS	2613 N OCEAN BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HOYT, WALTER A.	52 NAME		
STREET ADDRESS	2613 N. OCEAN BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	54 CITY-ST-ZIP		
TITLE	ST	61 TITLE		☐ Change ☐ Addition
NAME	MELLO, DORIS P	62 NAME		
STREET ADDRESS	2613 N OCEAN BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris P. Mello 3/22/95 407-278-3724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DORIS P MELLO Date Daytime Phone #

0013338