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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

10/25/1966

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELLO, DORIS P
2613 N OCEAN BLVD
GULFSTREAM FL 33483**

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	MC CARTY, CHARLES	1.2 NAME	MC CARTY CHARLES
STREET ADDRESS	2613 N OCEAN BLVD	1.3 STREET ADDRESS	2613 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM FL	1.4 CITY-ST-ZIP	GULF STREAM FL
TITLE	D	2.1 TITLE	VPD
NAME	STACKER, WALTER L.	2.2 NAME	LOBEE, THOMAS
STREET ADDRESS	2613 N OCEAN BLVD	2.3 STREET ADDRESS	2613 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM FL	2.4 CITY-ST-ZIP	GULF STREAM FL
TITLE	PD	3.1 TITLE	SD
NAME	VON MAUR, JACK R.	3.2 NAME	QUINTRELL, THOMAS
STREET ADDRESS	2613 N OCEAN BLVD	3.3 STREET ADDRESS	2613 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM FL	3.4 CITY-ST-ZIP	GULF STREAM FL
TITLE	TD	4.1 TITLE	TD
NAME	WEBB, W. OSBORN	4.2 NAME	KNOX, AMIE
STREET ADDRESS	2613 N OCEAN BLVD	4.3 STREET ADDRESS	2613 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM FL	4.4 CITY-ST-ZIP	GULF STREAM FL
TITLE	SD	5.1 TITLE	D
NAME	LOSEE, THOMAS	5.2 NAME	STACKLER, WALTER
STREET ADDRESS	2613 N. OCEAN BLVD.	5.3 STREET ADDRESS	2613 N OCEAN BLVD
CITY-ST-ZIP	GULFSTREAM FL	5.4 CITY-ST-ZIP	GULF STREAM FL
TITLE	ST	6.1 TITLE	
NAME	MELLO, DORIS P	6.2 NAME	
STREET ADDRESS	2613 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULFSTREAM FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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* (Doris P. Mello) 3/27/98 54-2783724

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