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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732140** (9)
1. Corporation Name
SOMMERSET ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business 197 SOMERSET J W PALM BCH FL 33417 US	Mailing Address 197 SOMERSET J W PALM BCH FL 33417 US
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3. Date Incorporated or Qualified 03/13/1975	
4. FEI Number 59-1643056	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**LEVY, GILBERT
197 SOMERSET J
WEST PALM BEACH FL 33417**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KALL, LARRY
STREET ADDRESS	34 SOMERSET B
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	FAUGHAN, PATRICK
STREET ADDRESS	197 SOMERSET J
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	GELLERT, RUTH
STREET ADDRESS	7 SOMERSET D
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	MEYER, J. P.
STREET ADDRESS	47 SOMERSET C
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LIGHTSTONE, TOBY
STREET ADDRESS	42 SOMERSET C
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	LEVY, GILBERT
STREET ADDRESS	197 SOMERSET J
CITY-ST-ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Gilbert A. Levy 4/14/98 504-478-7877

CR2E037 (10/97)