2004 NOT-FOR-PROFIT CORPORATION
\_\_\_ANNUAL REPORT (AR)

SIGNATURE: 6118 FRT LEVI Quebag Ley

DOCUMENT # 732140  1. Entity Name						Secretary of State			
SOMMER INC.	SET ASSOCIATION AT CE	NTURY	VILLAGE,						
Principal Place of Business		Mailin	g Address						
197 SOMESET J W PALM BCH FL 33417 US		197 SOMERSET J W PALM BCH FL 33417 US				388 <b>8</b>			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.			МС	ORE CR2E037	<u> </u>		
City & State		City & State			4. FEI Number 59	59-1643056 Not Applicable			
Zip	Country	Zi		Country	5. Certificate of Sta	itos Desireo 📋	\$8.75 Addi Fee Required		
	6. Name and Address of Currer	t Register	ed Agent	Name	7. Name and Addr	ess of New Registered A	igent		
LEVY, GILBERT 197 SOMERSET J WEST PALM BEACH FL 33417				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
				City	-	FL	Zip Code	<b>;</b>	
				······································		he State of Florida. I am I	amiliar with, a	and accept	
	Signature, typed or printed name of registered age	rx and title if ap	plicable (NOT	E. Registered Agent signature re	iguired when reinstating)	<del></del>		<del></del>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Florida Depart	lment of S	tate	
10.	OFFICERS AND D	RECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI		<del></del>	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD KALL, LARRY 34 SOMERSET B W PALM BCH, FL 00000		☐ Oelete	THE NAME SIREET ADDRESS CHY-SI-ZIP	02/C	/000000034504 /5/04-80 <u>085-01</u> 6	Change 3 61.25	Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MARGULIES, IRVING 143 SOMERSET H WEST PALM BEACH FL		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELLERT, RUTH 7 SOMERSET D W PALM BCH, FL 00000		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	RICHLAND, PHYLLIS 216 SOMERSET K WEST PALM BEACH FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIGHTSTONE, TOBY 42 SOMERSET C W PALM BCH, FL 00000		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			Change	☐ Addition	
DILE NAME STREET ADDRESS CITY-ST-ZIP	LEVY, GILBERT 197 SOMERSET J W PALM BCH FL		☐ Delete	RILE NAME STREET ADDRESS CITY-SY-ZIP			☐ Change	☐ Addition	
12. I hereby indicated of the co-	certify that the information supplied wild on this report or supplemental report or supplemental report or attack on the receiver or stustee and it, or on an attachment with an address	ith this filing t is true and opowered to s, with all of	g does not qualify for accurate and that be execute this report ther like empowered	or the exemption stated my signature shall have t as required by Chapte t.	in Section 119.07(3)(i), Flo e the same legal effect as i er 617, Florida Statutes; an	orida Statutes, I further ce f made under oath; that i d that my name appears i	tify that the ir am an officer n Block 10 or	nformation or director Block 11 if	

**FILED** 

1-31-04 \$71-478-7837