2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90077 035 ****61.25

DOCUMENT # 732140

1. Entity Name
SOMMERSET ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business	Mailing Address
197 SOMESET J W PALM BCH, FL 33417 US	197 SOMERSET J W PALM BCH, FL 33417 US

500015317

02062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1 SOMERSET A Suite, Apt. #, etc.	1 SOMERSET A Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL. Zip: 33417 Country:	City & State: WEST PALM BEACH, FL. Zip: 33417 Country:

4. FEI Number 59-1643056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVY, GILBERT 197 SOMERSET J WEST PALM BEACH, FL 33417	Name: LEVINE, MORTON Street Address (P.O. Box Number is Not Acceptable): 1 SOMEASET A City: WEST PALM BEACH FL Zip Code: 33417

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Morton Levine MORTON LEVINE TD DATE: 2/8/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KALL, LARRY 34 SOMERSET B W PALM BCH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARGULIES, IRVING 143 SOMERSET H WEST PALM BEACH, FL	☐ Delete	TITLE / 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	S MRUCZKOWSKI, FRANCIS 62 SOMERSET C WEST PALM BEACH, FL 33417 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 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	VD LIGHTSTONE, TOBY 42 SOMERSET C W PALM BCH, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEVY, GILBERT 197 SOMERSET J W PALM BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEVINE, MORTON 1 SOMERSET A WEST PALM BEACH, FL. 33417 ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morton Levine MORTON LEVINE TD 2/8/05 561-684-9712
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)