

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 732140**

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



Principal Place of Business  
**1 SOMERSET A  
W PALM BCH, FL 33417 US**

Mailing Address  
**1 SOMERSET A  
W PALM BCH, FL 33417 US**



02282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**LEVINE, MORTON  
1 SOMERSET A  
WEST PALM BEACH, FL 33417**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALL, LARRY 34 SOMERSET B W PALM BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARGULIES, IRVING 143 SOMERSET H WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MRUCZKOWSKI, FRANCIS 62 SOMERSET C WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHLAND, PHYLLIS 216 SOMERSET K WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURALIA, BETTY 7 SOMERSET A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, MORTON 1 SOMERSET A WEST PALM BEACH, FL 33417

U00000855156  
03/27/08-80037-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Morton Levine* **MORTON LEVINE<sup>TD</sup>** 3/6/08 561-684-9712

Date

Daytime Phone #