

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90339 015 \*\*\*\*61.25

**DOCUMENT # 742310**

1. Entity Name

**SOMERSET D CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**65 SOMERSET D  
WEST PALM BCH FL 33417**

Mailing Address

**8660 GOLD CAY  
WEST PALM BEACH FL 33411-5542**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1637195**

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

**SALVO, DANIEL  
65 SOMERSET D  
WEST PALM BEACH FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE **P** ☐ Delete  
NAME **SALVO, DANIEL**  
STREET ADDRESS **65 SOMERSET D**  
CITY- ST- ZIP **W PALM BEACH FL 33417**

TITLE **VP** ☐ Delete  
NAME **FAVORITO, JOSEPH**  
STREET ADDRESS **70 SOMERSET D**  
CITY- ST- ZIP **WEST PALM BCH FL 33417**

TITLE **T** ☐ Delete  
NAME **KAUFMAN, SIMONE**  
STREET ADDRESS **78 SOMERSET D**  
CITY- ST- ZIP **WEST PALM BEACH FL 33417**

TITLE **S** ☒ Delete  
NAME **USHKOW, FANNY**  
STREET ADDRESS **72 SOMERSET D**  
CITY- ST- ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **LA BONTE, CLAUDETTE**  
CITY- ST- ZIP **70 SOMERSET D  
WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without like empowered.

SIGNATURE:

*Daniel Salvo* **Daniel Salvo**

**4/9/06 561-792-5609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #