NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751700

1. Corporation Name

SEVENTIETH SOMERSET PLACE, INC.

Principal Place of Business 1300-1616 70TH ST., NO. ST PETERSBURG FL 33710

2. Principal Place of Business

Maifing Address

P.O. BOX 41383 ST. PETERSBURG FL 33743-1383

2a. Mailing Address

US

26

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90074 027 ****61.25



3. Date Incorporated or Qualifed

03/25/1980

Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
22	,	27				59-1822316	No	t Applicable
City & Star	te	City & State					\$8.75 A	Additional
23		28				5. Certifcate of Status Desired	Fee Re	
Zip	Country	Zip	Cour	ntrv		6. Election Campaign Financing	\$5.00	May Ro
⊢	25 29 30			The Electrical Country		Trust Fund Contribution	Added to	
24	9. Name and Address of Current		1301			10. Name and Address of New Registe		<u> </u>
	o. Italia dia Addiesa di Galleni	registered rigeric		81	Name			_
WHITE, JAMES				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1444 70TH ST N.								
ST PETE FL 33710				83				
				84	City		85 Zip C	Code
							FL °	
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								
SIGIVATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent	signature required			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	SD	☐ DELETE	1.1 TIT	LE			Change	☐ Addition
NAME	SEDGWICK, ART		1.2 NA	ME				
STREET ADDRESS			1.3 STF	REET	ADDRESS			
CITY-ST-ZIP	<u> </u>			1.4 CITY-ST-ZIP				
TITLE	PD	DELETE 2.1					☐ Change	Addition
NAME	WHITE, JAMES		2.2 NA	ME				
STREET ADDRESS				2.3 STREET ADDRESS				
	i			2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE					-Zir		Change	Addition
	410			3.1 TITLE 3.2 NAME				_
NAME	MIOTALL, I LILII			3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS	1132 10111 01 11							
CITY-ST-ZIP	ST PETE FL				r-zip		Change	☐ Addition
TITLE	- ·			LE				
NAME	MOODY, DWIGHT		4. 2 NA					
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000				-ZiP			FT 1 4400
TITLE	(D	DELETE	5.1 TIT				☐ Change	Addition
NAME	DAWSON, ROBIN		5.2 NA					
STREET ADDRESS	s 1610 70 ST N			REET.	ADDRESS			
CITY-ST-ZIP	ST PETE FL 33710		5.4 CIT		-ZIP			
TITLE	D DELETE 6.1			LE			☐ Change	☐ Addition
NAME .	MEYER, SHIRLEY		6.2 NAJ	ME				
STREET ADDRESS	\i_,		6.3 STF	REET	ADDRESS			
CITY-ST. ZIP	ST PETERSBURG EL 33710		6.4 CIT	ry-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/ 99

727-597-6677

Daytime Phor

;R2E037 (11/98)