

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -3 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 763049 (4)**  
1. Corporation Name  
**SOMERSET VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1688 SW 16TH STREET GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/29/1982** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2235786** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 State, Apt. #, etc. 26 State, Apt. #, etc.

22 City & State 27 City & State

24 ZIP 25 COUNTRY 29 CO 30 COUNTY

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

6. Election Campaign Financing (Trust Fund Contribution)  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for statements for orders 1993-932, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMODORE MANAGEMENT INC  
4131 NW 13TH ST  
STE 201  
GAINESVILLE FL 32609**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

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 617.0501, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

13. AGENT FOR SERVICE OF PROCESS (SEE INSTRUCTIONS)  Change  Addition

11 TITLE **PO**  
12 NAME **BERNSTEIN, ADAM**  
13 STREET ADDRESS **1656 SW 16TH ST**  
14 CITY, ST, ZIP **GAINESVILLE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

11 TITLE **VO**  
12 NAME **RILEY, TINA**  
13 STREET ADDRESS **1676 SW 16TH ST**  
14 CITY, ST, ZIP **GAINESVILLE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

11 TITLE **TO**  
12 NAME **PETTINATO, ERICA**  
13 STREET ADDRESS **1682 SW 16TH ST**  
14 CITY, ST, ZIP **GAINESVILLE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

11 TITLE **SO**  
12 NAME **WITCHER, ELIZABETH**  
13 STREET ADDRESS **1078 SW 16TH ST**  
14 CITY, ST, ZIP **GAINESVILLE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP  Change  Addition

14. I, the undersigned, certify that the information furnished with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information published 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 of this report or as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

*[Signature]*  
DATE: *[Date]*

CR2E037 (3/95)