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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1688 SW 16TH STREET GAINESVILLE FL 32608
Mailing Address: 1688 SW 16TH STREET GAINESVILLE FL 32608-1162

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1982		3a. Date of Last Report 09/30/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 59-2235786		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	25	Country	29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
COMMODORE MANAGEMENT INC
1206 NW 22 AVENUE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETTINATO, ERICA	
STREET ADDRESS	1682 SW 16TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINS, SLOANE	
STREET ADDRESS	1680 SW 16TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETTINATO, FRANK	
STREET ADDRESS	1682 SW 16TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMERAGE, LUCIA	
STREET ADDRESS	1684 SW 16TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SWISHER, MARILYN	
1.3 STREET ADDRESS	1630 SW 16TH STREET	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETTINATO, FRANK, JR.	
3.3 STREET ADDRESS	1682 S.W. 16TH STREET	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EISNER-SMERAGE, LUCIA	
4.3 STREET ADDRESS	1664 S.W. 16TH STREET	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE _____ DATE 4/1/97

CR2E037 (9/96)