


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90157 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 763049 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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1/6 MACOR REALTY INC	26 1/6 MACOR REALTY INC	04/23/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 10404 SW 24TH AVE.	27 10404 SW 24TH AVE	59-2235786
City & State	City & State	Applied For
23 GAINESVILLE, FL	28 GAINESVILLE, FL	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 32607	25 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
29 32607	30 USA	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COMMODORE MANAGEMENT INC 1206 NW 22 AVENUE GAINESVILLE FL 32609	81 Name MACOR REALTY INC
	82 Street Address (P.O. Box Number is Not Acceptable) 10404 SW 24TH AVE
	83
	84 City GAINESVILLE FL 85 Zip Code 32607

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 **MACOR REALTY INC** *Melinda Matney* DATE **4-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWISHER, MARILYN	1.2 NAME	
STREET ADDRESS	1630 SW 16TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, JOHN	2.2 NAME	
STREET ADDRESS	1628 SW 16TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISTA, MARTA	3.2 NAME	SECRETARY
STREET ADDRESS	1652 SW-16TH ST	3.3 STREET ADDRESS	ROBINS, SLOAN SD
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	1680 SW 16TH ST
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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: *John S Chamberlain* DATE: **4-9-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John S Chamberlain** DATE **4-9-99**
 352-335-0044

CR2E037 (1/198)