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Apr 18 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 # N05089 (0)  
1. Corporation Name  
SOMERSET VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
%RING REALTY, INC.  
1325-B DEL PRADO BLVD  
CAPE CORAL FL 33990

3. Date Incorporated or Qualified 09/11/1984  
3a. Date of Last Report 10/21/1996

2. Principal Place of Business 2a. Mailing Address  
21 Somerset View Condo Assn. 26 % Ring Realty, Inc  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 726 SW 47th Terr. 27 4824 Candia Street  
City & State City & State  
23 Cape Coral, FL 28 Cape Coral, FL  
Zip Country Zip Country  
24 33914 25 USA 29 33904 30 USA

4. FEI Number 25-0945921 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
HUBBELL, VICKI  
%RING REALTY, INC.  
1325-B DEL PRADO BLVD  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent  
81 Name Ring Realty, Inc.  
82 Street Address (P.O. Box Numbers Not Acceptable) 4824 Candia Street  
83  
84 City Cape Coral FL 85 Zip Code 33904

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 Vicki K. Hubbell, Vicki K. Hubbell, President 2/13/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD BACUS, CHRISTOPHER  
NAME BACUS, CHRISTOPHER  
STREET ADDRESS 4521 SW 8TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33914  
TITLE VD FRISINA, JACK  
NAME FRISINA, JACK  
STREET ADDRESS 726 SW 47 TERR. C-3  
CITY-ST-ZIP CAPE CORAL FL 33914  
TITLE STD PULIO, ROY  
NAME PULIO, ROY  
STREET ADDRESS 726-6 S.W. 47TH TERR.  
CITY-ST-ZIP CAPE CORAL FL 33914  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Vice-Pres. Director  
2.2 NAME Puleio, Roy  
2.3 STREET ADDRESS 726-6 SW 47th Terr.  
2.4 CITY-ST-ZIP Cape Coral, FL 33914  
3.1 TITLE Sec/Treas Director  
3.2 NAME Robert Gardner  
3.3 STREET ADDRESS 726-5 SW 47th Terr.  
3.4 CITY-ST-ZIP Cape Coral, FL 33914  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: Christopher D. Bacus Christopher D. Bacus 2/13/97 (941) 542-3889  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0068275

CR2E037 (9/96)