## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # N05089**

### SOMERSET VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business %SOMERSET VIEW CONDO ASSN 726 SW 47TH TERR CAPE CORAL FL 33914

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

%RING REALTY. INC 4824 CANDIA ST CAPE CORAL FL 33904

2a. Mailing Address

Suite, Apt. #, etc.

City & State.

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# **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90023 002 \*\*\*\*61.25

3.	Date Incorporated or Qualifed	

09/11/1984

25-0945921

5. Certifcate of Status Desired

4. FEI Number

Zip		Country	Zip		Country			6. Election Cam	ampaign Financing		\$5.00			
24	25		29	30			Trust Fund Contribution Added to Fees							
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
RING REALTY, INC.						Name	•							
						Street Address (P.O. Box Number is Not Acceptable)								
4824 CANDIA STREET							•							
CAPE CORAL FL 33904														
	84	<b>                                    </b>												
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
12.			ND DIRECTOR		13.			ADDITIONS/C	HANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12		
TITLE	PD			☐ DELETE	1.1 TITLE		T				Change	☐ Addition		
NAME	BACUS, CHRI	ISTOPHER			1.2 NAME							1		
STREET ADDRESS	4521 SW 8TH PLACE			1.3 STREET	ADDRESS	3								
CITY-ST-ZIP	CAPE CORAL	FL 33914			1.4 CITY-ST	-Z!P								
TITLE	VPD			☐ DELETE	2.1 TITLE						Change	Addition		
NAME	ROAHE, WAL	TER			2.2 NAME									
STREET ADDRESS	726-2 SW 47	TH TERRACE			2.3 STREET	ADDRESS	3							
CITY-ST-ZIP	CAPE CORAL	FL 33914			2. 4 CITY-S	T-ZIP	<u> </u>							
TITLE	STD			☐ DELETE	3.1 TITLE			·			Change	Addition		
NAME	PULEIO, ROY	ı			3.2 NAME		Gar	denev, K	Obcut					
STREET ADDRESS	726-6 S.W. 47	7th Terr.			3.3 STREET	ADDRESS	s 724	3.0.4	74 Terr. FL 3391	. 1				
CITY-ST-ZIP	CAPE CORAL	. FL 33914			3.4. CITY-S	T-ZIP	Cape	Coral, V	- L 3371	4				
TITLE				☐ DELETE	4.1 TITLE						☐ Change	☐ Addition		
NAME					4. 2 NAME		1							
STREET ADDRESS					4.3 STREET	ADDRESS	3							
CITY-ST-ZIP					4.4 CITY- ST	-ZIP	1							
TITLE				☐ DELETE	5.1 TITLE						☐ Change	☐ Addition		
NAME					5.2 NAME									
STREET ADDRESS					5.3 STREET	ADDRESS	5							
CITY-ST-ZIP					5.4 CITY- \$1	r-ZIP	ļ <u>.</u>							
TITLE				□ DELETE	6.1 TITLE						Change	☐ Addition		
NAME					6.2 NAME		1							
STREET ADDRESS					6.3 STREET	ADDRESS	S							
CITY-ST-ZIP					6.4 CITY-ST									
14. I hereby o	certify that the inf	ormation supplied	with this filing do	es not qualify for th	e exempti	on state	ed in Sect	ion 119.07(3)(i),	Florida Statutes	s. I further ce	rtify that the in	ntormation		

indicated on this annual report or supplies manual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in officer or director of the corporation. Block 12 or Block 13 if changed or

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable