

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90100 028 ****61.25

DOCUMENT # N05089

1. Entity Name

SOMERSET VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

%SOMERSET VIEW CONDO ASSN
 726 SW 47TH TERR
 CAPE CORAL FL 33914
 US

%RING REALTY, INC
 4824 CANDIA ST
 CAPE CORAL FL 33904-9030
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40 Gulf Side Condominium Mgmt

PO Box 101448

Cape Coral, FL

33910

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

25-0945921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RING REALTY, INC.
 4824 CANDIA STREET
 CAPE CORAL FL 33904

Name *Gulf Side Condominium Mgmt*
 Street Address (P.O. Box Number is Not Acceptable) *PO Box 101448*
4821 Coronado Pkwy
 City *Cape Coral* FL Zip Code *33910*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Curtis Wassberg
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-3-00
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BACUS, CHRISTOPHER	
STREET ADDRESS	4521 SW 8TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROAHE, WALTER	
STREET ADDRESS	726-2 SW 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARDENER, ROBERT	
STREET ADDRESS	726-6 S.W. 47TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vern Fish	
STREET ADDRESS	726 S.W. 47th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrian Lopez	
STREET ADDRESS	726 SW 47th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Gardner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2000 941-540-1212

CR2E037 (9/99)