

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 DEC 13 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/19/07 01012 014 \$61.25



10112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000003974					
1. Entity Name SOMMERSET CONDOMINIUMS ASSOCIATION OF BROWARD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1060 CRYSTAL LAKE DRIVE #304 DEERFIELD BEACH, FL 33064			Mailing Address 1060 CRYSTAL LAKE DRIVE #304 DEERFIELD BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box # 1060 Crystal Lake Drive Suite, Apt. #, etc. Unit 301 City & State Deerfield Beach, Florida Zip 33064		3. Mailing Address 1060 Crystal Lake Drive Suite, Apt. #, etc. Unit 301 City & State Deerfield Beach, Florida Zip 33064		4. FEI Number 20-5161021 Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVEIRA, VERA 1060 CRYSTAL LAKE DRIVE #304 DEERFIELD BEACH, FL 33064			7. Name and Address of New Registered Agent Name SOLER, ANJAL C. Street Address (P.O. Box Number is Not Acceptable) 3325 NE 18th Street City Fort Lauderdale FL Zip Code 33305		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mrs. Anjal C. Soler</u> DATE <u>10/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVEIRA, VERA 1060 CRYSTAL LAKE DRIVE DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLER, ANJAL C 3325 NE 18th Street Fort Lauderdale, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATILHO, VILMA 1060 CRYSTAL LAKE DRIVE DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATILHO, VILMA 1060 Crystal Lake Drive, Unit 301 Seerfield Beach, FL 33064 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOLER, ANJAL C 1060 CRYSTAL LAKE DRIVE DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUFER, SASCHA 10967 El Paraiso Delray Beach, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mrs. Anjal C. Soler</u> DATE <u>10/15/07</u> 954-565-1453 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

jc 12/19