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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33378** (3)
1. Corporation Name
SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O ALL FLORIDA MANAGEMENT
301 OAK CIRCLE STE 18
BOCA RATON FL 33431
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1989** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0150499** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GLEN ANDREW C
ALL FLORIDA MANAGEMENT
4301 OAK CIRCLE STE 18
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOCHMAN, ALAN
STREET ADDRESS	17242 BOCA CLUB BLVD 103
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	BUSCH MARY LOU
STREET ADDRESS	17288 BOCA CLUB BLVD, #2101
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	GREENBERG, ALAN
STREET ADDRESS	17248 BOCA CLUB BLVD 104
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	BAKKEN, LOIS M
STREET ADDRESS	17282 BOCA CLUB BLVD, #2404
CITY-ST-ZIP	BOCA RATON FL
TITLE	-D
NAME	WHALEN, LOUIS
STREET ADDRESS	17274 BOCA CLUB BLVD #3308
CITY-ST-ZIP	BOCA RATON FL
TITLE	-D
NAME	ANDERSON-NORMAN--
STREET ADDRESS	17288 BOCA CLUB BLVD, #20007
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Richard Greenberg
5.3 STREET ADDRESS	17260 Boca Club Blvd., #1507
5.4 CITY-ST-ZIP	Boca Raton, FL 33487
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Margaret Fuller
6.3 STREET ADDRESS	17274 Boca Club Blvd., #2302
6.4 CITY-ST-ZIP	Boca Raton, FL 33487

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11D.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Alan Hochman Yes 3/8/95
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR