

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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 C/O ALL FLORIDA MANAGEMENT 301 OAK CIRCLE STE 18 BOCA RATON FL 33431 US	Mailing Address C/O ALL FLORIDA MANAGEMENT 4301 OAK CIRCLE STE 18 BOCA RATON FL 33431 US
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3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last Report 03/10/1995
4. FEI Number 65-0150499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O Glen Management Svcs. Suite, Apt. #, etc.	2a. Mailing Address 26 C/O Glen Management Svcs Suite, Apt. #, etc.
22 4301 Oak Circle, #23 City & State	27 4301 Oak Circle, #23 City & State
23 Boca Raton, FL Zip	28 Boca Raton, FL Zip
24 33431 25 USA	29 33431 30 USA

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)	Glen Management Services
83	4301 Oak Circle, #23
84 City	Boca Raton
	FL
85 Zip Code	33431

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: *A. Glen* **PROPERTY MANAGER.** **4-1-96**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOCHMAN, ALAN	
STREET ADDRESS	17242 BOCA CLUB BLVD 103	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUSCH MARY LOU	
STREET ADDRESS	17286 BOCA CLUB BLVD, #2101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	-SD-	<input type="checkbox"/> DELETE
NAME	GREENBERG, ALAN	
STREET ADDRESS	17246 BOCA CLUB BLVD 104	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKKEN, LOIS M	
STREET ADDRESS	17262 BOCA CLUB BLVD, #2404	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	-STD-	<input type="checkbox"/> DELETE
NAME	GREENBERG, RICHARD	
STREET ADDRESS	17260 BOCA CLUB BLVD., 1507	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, MARGARET	
STREET ADDRESS	17274 BOCA CLUB BLVD., 2302	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Curatola, Susan	
23 STREET ADDRESS	17242 Boca Club Blvd., #101	
24 CITY-ST-ZIP	Boca Raton, FL 33487	
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Green, Selma	
43 STREET ADDRESS	17260 Boca Club Blvd., #1503	
44 CITY-ST-ZIP	Boca Raton, FL 33487	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, 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* **ALAN HOCHMAN** **4/1/96** **(407) 392-0977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)