

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 GLEN MANAGEMENT SVCS.
4301 OAK CIRCLE, #23
BOCA RATON FL 33431
US

C/O GLEN MANAGEMENT SVCS
4301 OAK CIRCLE, #23
BOCA RATON FL 33431
US



3. Date Incorporated or Qualified

07/20/1989

4. FEI Number

65-0150499

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLEN MANAGEMENT SERVICES
4301 OAK CIRCLE, #23
4301 OAK CIRCLE STE 18
BOCA RATON FL 33431

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 617.552 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)

2/3/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOCHMAN, ALAN
STREET ADDRESS 17242 BOCA CLUB BLVD 103
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D
1.2 NAME H. OLARSCHE
1.3 STREET ADDRESS 17210 BOCA CLUB BLVD, #106
1.4 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE STD
NAME CURATOLA, SUSAN
STREET ADDRESS 17242 BOCA CLUB BLVD. #101
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE D
2.2 NAME L. NEITZKE
2.3 STREET ADDRESS 17234 BOCA CLUB BLVD. #103
2.4 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VD
NAME GREENBERG, ALAN
STREET ADDRESS 17246 BOCA CLUB BLVD 104
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE D
3.2 NAME LEX MARTIN
3.3 STREET ADDRESS 17210 BOCA CLUB BLVD. #102
3.4 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME GREEN, SELMA
STREET ADDRESS 17260 BOCA CLUB BLVD #1503
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE STD
NAME GREENBERG, RICHARD
STREET ADDRESS 17260 BOCA CLUB BLVD., 1507
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

CR2E037 (10/97)