

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90085 039 ****61.25

DOCUMENT # N33378

1. Entity Name

SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS ASSOCI

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 33431-4258
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O Glen Management Services

C/O Glen Management Services

Suite, Apt. #, etc.
301 W. Camino Gardens Blvd

Suite, Apt. #, etc.
P.O. Box - 1390

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0150499

Applied For
 Not Applicable

Zip Country
33432 USA

Zip Country
33429 USA

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

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

Name *A. GLEN*
 Street Address (P.O. Box Number is Not Acceptable)
301 W. CAMINO GARDENS BLVD
Suite 200
 City **BOCA RATON FL** Zip Code **33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOCHMAN, ALAN 17242 BOCA CLUB BLVD 103 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURATOLA, SUSAN 17242 BOCA CLUB BLVD. #101 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITZKE, L 17234 BOCA CLUB BLVD, #103 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, SELMA 17260 BOCA CLUB BLVD #1503 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENBERG, RICHARD 17260 BOCA CLUB BLVD., 1507 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LEN 17210 BOCA CLUB BLVD, #102 BOCA RATON FL 33487	<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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

Alan Hochman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 017 (M/F)