


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT *Master*

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 015 ****61.25

DOCUMENT # N33378

1. Entity Name
SOMERSET AT BOCA GOLF & TENNIS HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**C/O UNITED COMM. MGT.
 11784 W. SAMPLE RD.
 CORAL SPRINGS, FL 33065 US**

Mailing Address
**C/O UNITED COMM. MGT.
 11784 W. SAMPLE RD.
 CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40000000



04022008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0150499

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER & ASSOCIATES, P.A.
 621 NW 53RD STREET
 SUITE 300
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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	P KARAM, GEORGE 17270 BOCA CLUB BLVD #1701 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, JOSEPH S 17274 BOCA CLUB BLVD #2307 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, MARVIN 17286 BOCA CLUB BLVD #2107 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Jacoby, Fred</i> <i>17270 Boca Club Dr. #1705</i> <i>Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRONMAN, JOAN 17270 BOCA CLUB BLVD #1708 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Goldstein, Joan</i> <i>17254 Boca Club Blvd #103</i> <i>Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRIER, MARVIN 17250 BOCA CLUB BLVD #104 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Tow, Christopher</i> <i>17276 Boca Club Blvd #1808</i> <i>Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEITZKE, LEROY 17234 BOCA CLUB BLVD #103 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" 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: *Joseph A. Bee* President **4/22/08** **561-702-2439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

571-702-2150