

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 025 ****61.25

DOCUMENT # N98000001225					
1. Entity Name SOMERSET L CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 224 SOMERSET LANE WEST PALM BEACH, FL 33417			Mailing Address 224 SOMERSET LANE WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232008 Chg-NP - CR2E037 (12/06)	
4. FEI Number 65-0830176				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUGHTON, EUGENE 224 SOMERSET L WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name BARBARA PFISTER Street Address (P.O. Box Number is Not Acceptable) 219 SOMERSET L City WEST PALM BEACH FL Zip Code 33417		
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 <u>Eugene R. Houghton</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>3/19/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD GREEN, HOWARD 222 SOMERSET L W. PALM BCH, FL 334172134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBARA PFISTER 219 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KESSLER, RHODA 227 SOMERSET LN W. PALM BCH, FL 334172134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYBIL STEWART 223 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HOWARD 222 SOMERSET LN W. PALM BCH, FL 334172134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE HOUGHTON 224 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PSICHOGIOS, HARRY 228 SOMERSET LN W. PALM BCH, FL 334172134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL MERRIMAN 231 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINEMAN, BARBARA 219 SOMERSET L, CONDO CENTURY VILLAGE WEST PALM BEACH, FL 334172134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD HETZEL 229 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE GOLDSTEIN 217 SOMERSET L WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" 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: <u>Eugene R. Houghton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>3/19/08</u> DAYTIME PHONE # <u>561-687-9851</u>	