

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 2:30

DOCUMENT # 755924 (8)

1. Corporation Name

MEADOWS SOMERSET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA FL 34231-0603

% CONDOMINIUM MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA FL 34231-0603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

01/16/1981

04/13/1994

4. FEI Number

59-2103239

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA FL 34231-0603

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CLARK, JUSTINE
STREET ADDRESS	5234 MYRTLYWOOD
CITY - ST - ZIP	SARASOTA FL
TITLE	VD
NAME	LIGNORE, DON
STREET ADDRESS	4810 COUNTRY MEADOWS BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	CANNON, BETTY
STREET ADDRESS	5240 MYRTLEWOOD
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	WALWORTH, WAYNE W
STREET ADDRESS	5264 MYRTLEWOOD
CITY - ST - ZIP	SARASOTA FL
TITLE	STD SD
NAME	LEATHERS, MARY A
STREET ADDRESS	5378 MYRTLEWOOD
CITY - ST - ZIP	SARASOTA FL
TITLE	AT
NAME	CLARK, PAUL R JR
STREET ADDRESS	1801 GLENGARY ST
CITY - ST - ZIP	SARASOTA FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE ATTACHED

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 checked, or on an attachment with my address.

SIGNATURE:

*Richard Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
P. Richard Clark

3/9/95

813-921-3393

**SMS**

**Somerset Condominium Association, Inc.**

755924

Manager **JIM**

*Local Address*

P/D

Mr. Wayne W. Walworth  
5264 Myrtlewood  
Sarasota, FL 34235 ✓

123

V/D

Mr. Thomas W. Carney  
5210 Myrtlewood Drive  
Sarasota, FL 34235

S/D

Ms. Mary Ann Leathers ✓  
5378 Myrtlewood  
Sarasota, FL 34235

T/D

Mr. Robert D. Allan  
5218 Myrtlewood  
Sarasota, FL 34235

D

Mrs. Juanita Harrison  
5342 Myrtlewood  
Sarasota, FL 34235

A/S

P. Richard Clark  
1801 Glengary Street  
Sarasota, FL

A/T

Paul R. Clark, Jr. ✓  
1801 Glengary Street  
Sarasota, FL