


FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755924 (8)

1. Corporation Name
MEADOWS SOMERSET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603	Mailing Address % CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 04/13/1995
4. FEI Number 59-2103239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARNEY, THOMAS W.	
STREET ADDRESS	5210 MYRTLEWOOD DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLAN, ROBERT D.	
STREET ADDRESS	5218 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, JUANITA	
STREET ADDRESS	5342 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALWORTH, WAYNE W	
STREET ADDRESS	5264 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEATHERS, MARY A	
STREET ADDRESS	5378 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED

700001776237
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3/5/96 941-921-5393

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 119.07(3)(k), 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 recipient of trust so 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: *Richard Clark* Date: *3/5/96* Daytime Phone #: *941-921-5393*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

SMS

Somerset Condominium Association, Inc.

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Manager JIM

Local Address

P/D

**Mr. Gerald K. Thompson
5262 Myrtlewood
Sarasota, FL 34235**

✓
V/D

**Mr. John S. Parker
5302 Myrtlewood
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/I

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