

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>% CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603</b>	Mailing Address <b>% CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/16/1981</b>	3a. Date of Last Report <b>04/10/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2103239</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	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 <b>CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-0603</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>5302 MYRTLEWOOD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLAN, ROBERT D.</b>	2.2 NAME	
STREET ADDRESS	<b>5218 MYRTLEWOOD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, JUANITA</b>	3.2 NAME	
STREET ADDRESS	<b>5342 MYRTLEWOOD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, GERALD K.</b>	4.2 NAME	
STREET ADDRESS	<b>5262 MYRTLEWOOD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEATHERS, MARY A</b>	5.2 NAME	
STREET ADDRESS	<b>5376 MYRTLEWOOD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, PAUL R JR</b>	6.2 NAME	
STREET ADDRESS	<b>1801 GLENGARY ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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, unchanged, or on an attachment with an address.

SIGNATURE: Richard Clark Date: 4/22/97 Daytime Phone #: 941-921-5393

CR2E037 (9/96)

**SMS**

**Somerset Condominium Association, Inc.**

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Manager **JIM**

*Local Address*

Date Printed: 3/4/97  
*Alternate 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

**AS**

**P. Richard Clark**

**AT**

**Paul R. Clark Jr.**