

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **755924** (8)  
1. Corporation Name  
**MEADOWS SOMERSET CONDOMINIUM ASSOCIATION, INC.**



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| Principal Place of Business<br><b>% CONDOMINIUM MANAGEMENT, INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231-0603</b> | Mailing Address<br><b>% CONDOMINIUM MANAGEMENT, INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231-0603</b> |
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|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>01/16/1981</b> | 4. FEI Number<br><b>59-2103239</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CONDOMINIUM MANAGEMENT, INC.<br/>1801 GLENGARY STREET<br/>SARASOTA FL 34231-0603</b> | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
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| 10. Name and Address of New Registered Agent |
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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>PARKER, JOHN<br/>5302 MYRTLEWOOD DR<br/>SARASOTA FL 34235</b> <input checked="" type="checkbox"/> DELETE     | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>ALLAN, ROBERT D.<br/>5218 MYRTLEWOOD<br/>SARASOTA FL 34235</b> <input type="checkbox"/> DELETE               | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HARRISON, JUANITA<br/>5342 MYRTLEWOOD<br/>SARASOTA FL 34235</b> <input checked="" type="checkbox"/> DELETE    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>THOMPSON, GERALD K.<br/>5262 MYRTLEWOOD<br/>SARASOTA FL 34235</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>LEATHERS, MARY A<br/>5378 MYRTLEWOOD<br/>SARASOTA FL 34235</b> <input type="checkbox"/> DELETE               | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT<br/>CLARK, PAUL R JR<br/>1801 GLENGARY ST<br/>SARASOTA FL</b> <input type="checkbox"/> DELETE                    | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

SEE ATTACHED

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

SIGNATURE: P. Richard Clark 4/27/98 Date: 9-1-92-5393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0063041

CR2E037 (10/97)

**SMS****Somerset Condominium Association, Inc.**

Page : 1

Manager JIM

*Local Address*

Date Printed:

2/12/98

Code

**P/D****Mrs. Juanita Harrison**  
5342 Myrtlewood  
Sarasota, FL 34235

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**V/D****Mr. Robert D. Allan**  
5218 Myrtlewood  
Sarasota, FL 34235

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**S/D****Mrs. Marilyn M. Weyant**  
5224 Myrtlewood  
Sarasota, FL 34235

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**T/D****Ms. Rosemarie Kopicki**  
5330 Myrtlewood  
Sarasota, Florida 34235

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**D****Ms. Mary Ann Leathers**  
5378 Myrtlewood  
Sarasota, FL 34235

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**AS****P. Richard Clark**  
1801 Glengary St.  
Sarasota, FL 34231

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**AT****Paul R. Clark**  
1801 Glengary St.  
Sarasota, FL 34231

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