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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755924

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	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2103239
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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)	
83	
84 City	FL

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	JUANITA HARRISON	
STREET ADDRESS	5342 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLAN, ROBERT D.	
STREET ADDRESS	5218 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARILYN M WEYANT	
STREET ADDRESS	5224 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSEMARIE KOPICKI	
STREET ADDRESS	5330 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEATHERS, MARY A	
STREET ADDRESS	5378 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
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

1.1 TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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 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 on an attachment with an address with all other like empowered.

SIGNATURE: *P. Richard Clark* 4/21/99 P. RICHARD CLARK (941) 921-5393

CR2E037 (1/98)

Manager **JIM***Local Address*

Date Printed:

2/15/99

Code

P/D	Mr. Robert D. Allan 5218 Myrtlewood Sarasota, FL 34235	755924	10
V/D	Mr. Edward L. Fetter 5328 Myrtlewood Sarasota, FL 34235	475703-90019-16	15
V/D	Mrs. Marilyn M. Weyant 5224 Myrtlewood Sarasota, FL 34235		20
S/D	Ms. Mary Ann Leathers 5378 Myrtlewood Sarasota, FL 34235		25
T/D	Mr. John R. McCoy 5352 Myrtlewood Sarasota, FL 34235		30
AS	P. Richard Clark 1801 Glengary Street Sarasota, FL 34231		50
AT	Paul R. Clark, Jr. 1801 Glengary Street Sarasota, FL 34231		55