

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90062 017 ****61.25

DOCUMENT # 755924

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2103239

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SUN COUNTRY PROPERTY MGMT SRVC. INC.**
 Street Address (P.O. Box Number is Not Acceptable)
3074 17TH STREET
 City **SARASOTA** FL Zip Code **34234**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **DENNIS CULVER**

4-23-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FETTER, EDWARD L	<input checked="" type="checkbox"/>
STREET ADDRESS	5328 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLAN, ROBERT D.	
STREET ADDRESS	5218 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FETTER, EDWARD L	
STREET ADDRESS	5328 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, JOHN R	
STREET ADDRESS	5352 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 checked="" type="checkbox"/> Delete
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE GALLEGOS	
STREET ADDRESS	5364 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANNE MASSE	
STREET ADDRESS	5270 MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES PARKER	
STREET ADDRESS	206MYRTLEWOOD	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCES PARKER

5-1-01

CR2E037 (10/00)