


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 016 ****61.25

DOCUMENT # 755924					
1. Entity Name MEADOWS SOMERSET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ADVANCED MANAGEMENT OF SW FLA 9031 TOWN CENTER PKWY. BRADENTON, FL 34202			Mailing Address C/O ADVANCED MANAGEMENT OF SW FLA 9031 TOWN CENTER PKWY. BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address		01072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 59-2103239		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA, 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Douglas E. Wilson, President</u> 2-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RURCE, CHARLIE		NAME	PEIRCE, CHARLES	
STREET ADDRESS	5264 MYRTLEWOOD		STREET ADDRESS	5264 MYRTLE WOOD	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, RUTH		NAME	SKALANDUNAS, EDWARD	
STREET ADDRESS	5240 MYRTLEWOOD		STREET ADDRESS	5226 MYRTLE WOOD	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERS, MARY ANN		NAME	5378 MYRTLE WOOD	
STREET ADDRESS	5270 MYRTLEWOOD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRCE, CHARLIE		NAME	PEIRCE, CHARLES	
STREET ADDRESS	5264 MYRTLEWOOD		STREET ADDRESS	5264 MYRTLE WOOD	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD, FETTER		NAME	JIM, BARBARA	
STREET ADDRESS	5328 MYRTLEWOOD		STREET ADDRESS	5380 MYRTLE WOOD	
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LINDELL, JOHN	
STREET ADDRESS			STREET ADDRESS	5210 MYRTLE WOOD	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34235	
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: <u>Charles Peirce</u> CHARLES PEIRCE 2/24/05 941-379-3463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					