


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 047 ****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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062006		Chg-NP CR2E037 (11/05)	
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 Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRCE, CHARLES	NAME	
STREET ADDRESS	5264 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKALANDUNAS, EDWARD	NAME	
STREET ADDRESS	5226 MYRTLE WOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERS, MARY ANN	NAME	
STREET ADDRESS	5378 MYRTLE WOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRCE, CHARLIE	NAME	
STREET ADDRESS	5264 MYRTLEWOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM, BARBARA	NAME	
STREET ADDRESS	5380 MYRTLE WOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDELL, JOHN	NAME	
STREET ADDRESS	5210 MYRTLE WOOD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles Peirce</i> CHARLES PEIRCE		1/26/06 941-379-3463	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	