


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 004 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2103239	
				Applied For Not Applicable	
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, 2008			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	T	<input checked="" 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	P	<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	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	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLY, CYNTHIA			NAME	Sec. / Treasurer
STREET ADDRESS	5350 MURTLWOOD			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: <u>Mary Ann Leathers</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40076847



03262008 Chg-NP CR2E037 (12/06)