

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755924

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**8631450602CC**

**Entity Name:** MEADOWS SOMERSET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
BRADENTON, FL 34202

**Current Mailing Address:**

C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
BRADENTON, FL 34202 US

**FEI Number: 59-2103239**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA,  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title AS  
Name WILSON, MATHEW D  
Address 9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title TREASURER  
Name OLDMIXON, AL  
Address C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
City-State-Zip: BRADENTON FL 34202

Title VP  
Name LYNN, JENNIFER  
Address C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
City-State-Zip: BRADENTON FL 34202

Title SECRETARY  
Name TIMKE, JUDY  
Address C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
City-State-Zip: BRADENTON FL 34202

Title PRESIDENT  
Name NEWSOM, JENNIFER  
Address C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR  
Name VERDELLI, STEVEN  
Address C/O ADVANCED MANAGEMENT OF SW FLA  
9031 TOWN CENTER PKWY.  
City-State-Zip: BRADENTON FL 34202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MATHEW WILSON**

**AS**

**04/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date