2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #755924

1. Entity Name MEADOWS SOMERSET CONDOMINIUM ASSOCIATION,



Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90017 036 ****61.25

FILED

				100						
Principal Place of Business C/O ADVANCED MANAGEMENT OF SW FLA 9031 TOWN CENTER PKWY. BRADENTON, FL 34202		C/O AD 9031 T	Mailing Address C/O ADVANCED MANAGEMENT OF SW FLA 9031 TOWN CENTER PKWY. BRADENTON, FL 34202			. 	 		EN EIEN AIGH CIE	
2. Principal P	lace of Business - No P.O. Box #	3. Mailin	Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01222007	Chg-NP	CR2E0	37 (12/06)	
City & State		City &	City & State			4. FEI Number 59-2103	239		<u> </u>	plied For t Applicable
Zip Country Z		Zip	ip Country		·	5. Certificate o	f Status Desired		\$8.75 Add	litional
	6. Name and Address of Curre	nt Registered	Agent			7. Name and A	ddress of New F	Realstered	Agent	· ·
				Name					<u> </u>	
ADVANCED MANAGEMENT OF SOUTHWEST 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202					Address (F	P.O. Box Number	is Not Acceptabl	(e)		
DIVIDEIVI	011,12 04202			Ola.					Zip Cod	
				City				Fl	_ Zip Cua	E
	named entity submits this statementions of registered agent.	t for the purpos	e of changing its	registered office o	r register	ed agent, or both	, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			k payable to	
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	ERS AND D	IRECTORS IN	10
TITLE	PTD		☐ Delete	TITLE	TRE	SUREX	2	•	Change	☐ Addition
NAME	PEIRCE, CHARLES		_ books	NAME					y	
STREET ADDRESS	· Lii (QL, Qiii () (LLQ				100	(1-/1/20)				
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CITY CT. 7ID	5264 MYRTLEWOOD			STREET ADDRESS	10	n-aire	2,000			
CITY-\$T-ZIP	SARASOTA, FL 34236			STREET ADDRESS CITY-ST-ZIP	10					
TITLE	SARASOTA, FL 34236 VD	<u></u> .	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	10	———			☐ Change	☐ Addition
TITLE NAME	SARASOTA, FL 34236 VD SKALANDUNAS, EDWARD		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	SARASOTA, FL 34236 VD SKALANDUNAS, EDWARD 5226 MYRTLE WOOD		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	☐ Addition
TITLE NAME	SARASOTA, FL 34236 VD SKALANDUNAS, EDWARD 5226 MYRTLE WOOD SARASOTA, FL 34235			STREET ADDRESS CITY-ST-ZIP TITLE NAME						☐ Addition
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12. I hereby certify that the information supplied with this filling 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:

Oaytime Phone ≠