


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 028 ****61.25

DOCUMENT # 730375
1. Entity Name
MERIDIAN HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1540 MERIDIAN AVE.
OFFICE APT
MIAMI BEACH FL 33139
US** **1540 MERIDIAN AVE.
OFFICE APT
MIAMI BEACH FL 33139
US**

94021201



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-1641706 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REAP, MICHAEL
1540 MERIDIAN AVE.
#4B
MIAMI BCH FL 33139**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	REAP, MICHAEL	
STREET ADDRESS	1540 MERIDIAN AVENUE #4B	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KILLBORE, ROBERT	
STREET ADDRESS	1540 MERIDIAN AVE, #3E	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARISAN, ARMANDO	
STREET ADDRESS	1540 MERIDIAN AVE, #3N	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, YOLANDA	
STREET ADDRESS	1540 MERIDIAN AVE, #4H	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JEILE	
STREET ADDRESS	1540 MERIDIAN AVE, #2G	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRID SOTELO 2A.	
STREET ADDRESS	1540 Meridian Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Killgore, Robert	
STREET ADDRESS	1540 Meridian Ave 3E	
CITY-ST-ZIP	MB, FL 33139.	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadin Mahab, i	
STREET ADDRESS	1540 Meridian Ave 2E	
CITY-ST-ZIP	MB, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David Burnett, Agent* 2-18-04 305-32-9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #