


**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90157 006 \*\*\*\*50.00  
 06-02-2005 90002 034 \*\*\*\*11.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N03000004944			
1. Entity Name THE MERIDIAN CONDOMINIUM ASSOCIATION OF TAMPA, INC.			
Principal Place of Business 220 S. FRANKLIN STREET TAMPA, FL 33602		Mailing Address 220 S. FRANKLIN STREET TAMPA, FL 33602	
2. Principal Place of Business 101 S. FRANKLIN ST Suite, Apt. #, etc. SUITE 101		3. Mailing Address 101 S. FRANKLIN ST Suite, Apt. #, etc. SUITE 101	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33602		Country USA	
4. FEI Number 20-1006633		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent THOMAS, GERALD C 220 S. FRANKLIN STREET TAMPA, FL 33602		7. Name and Address of New Registered Agent Name - J. Stephen Gardner Street Address (P.O. Box Number is Not Acceptable) 101 S. FRANKLIN ST SUITE 101 City TAMPA FL Zip Code 33602	
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 <u>J. Stephen Gardner</u> DATE <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-issuing)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY- ST- ZIP	PD GARDNER, J. STEPHEN 580 BOSPHORUS AVENUE TAMPA, FL 33608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NEWKIRK, MARK E 5101 WEST NEPTUNE WAY TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GARDNER, PETER J 506-1 S OREGON AVENUE TAMPA, FL 33608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5407 S. RUSSELL ST. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD NEWKIRK, THOMAS R 4943 WEST BAYVIEW DRIVE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GARDNER, T. TRUETT 5407 S. RUSSELL STREET TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 S. NEWPORT TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>J. Stephen Gardner</u> DATE <u>4/21/05</u> <small>Signature and typed or printed name of signing officer or director</small>			

00053217



04132005 Chg-NP CR2E037 (10/03)