


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 029 ****61.25

DOCUMENT # N03000004944

1. Entity Name
 THE MERIDIAN CONDOMINIUM ASSOCIATION OF TAMPA, INC.



Principal Place of Business
 101 S. FRANKLIN STREET
 SUITE 101
 TAMPA, FL 33602

Mailing Address
 101 S. FRANKLIN STREET
 SUITE 101
 TAMPA, FL 33602

50008546



2. Principal Place of Business
 1212 E. MERIDIAN
 Suite, Apt. #, etc.

3. Mailing Address
 4118 GUNN HWY
 Suite, Apt. #, etc.

02142006 Chg-NP CR2E037 (11/05)

City & State
 TAMPA, FL

City & State
 TAMPA, FL

Zip
 33602

Country
 U.S.

Zip
 33618

Country
 U.S.

4. FEI Number
 20-1006633

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
 101 S. FRANKLIN STREET
 SUITE 101
 TAMPA, FL 33602

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GARDNER, J. STEPHEN	560 BOSPHORUS AVENUE	TAMPA, FL 33606	<input type="checkbox"/>
VD	NEWKIRK, MARK E	5101 WEST NEPTUNE WAY	TAMPA, FL 33609	<input type="checkbox"/>
VD	GARDNER, PETER J	5407 S RUSSELL ST	TAMPA, FL 33611	<input type="checkbox"/>
VSTD	NEWKIRK, THOMAS R	4943 WEST BAYVIEW DRIVE	TAMPA, FL 33629	<input type="checkbox"/>
VD	GARDNER, T. TRUETT	501 S NEWPORT	TAMPA, FL 33606	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature] Date: 3/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #