



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90007 012 \*\*\*\*61.25

DOCUMENT # N03000004944					
1. Entity Name THE MERIDIAN CONDOMINIUM ASSOCIATION OF TAMPA, INC.					
P. Mailing Address 1 1212 E. Whiting Tampa, FL 33602		Mailing Address 4118 GUNN HWY TAMPA, FL 33618 <i>4131 GUNN HWY 33618 TPA, FL</i>		40025715 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-1006633	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 2401 WEST BAY DR., STE. 414 LARGO, FL 33770				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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, J. STEPHEN		NAME	Wilson, Frank	
STREET ADDRESS	560 BOSPHORUS AVENUE		STREET ADDRESS	1212 E. Whiting, #306	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWKIRK, MARK E		NAME	Webb, T. Clendon	
STREET ADDRESS	5101 WEST NEPTUNE WAY		STREET ADDRESS	1212 E. Whiting, #502	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, PETER J		NAME	Bentley, Erin	
STREET ADDRESS	5407 S RUSSELL ST		STREET ADDRESS	1212 E. Whiting, #203	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWKIRK, THOMAS R		NAME	Smith, Steve	
STREET ADDRESS	4943 WEST BAYVIEW DRIVE		STREET ADDRESS	102 S. 12th Street	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, T. TRUETT		NAME		
STREET ADDRESS	501 S NEWPORT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____		<i>Clendon Webb, VPD</i>		#CLENDON WEBB 2/24/07 Date Daytime Phone #	