


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 034 ****61.25

DOCUMENT # N03000004944

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



Principal Place of Business
1212 E MERIDIAN TAMPA, FL 33602

Mailing Address
4131 GUNN HWY TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

40043031



01072008 Chg-NP CR2E037 (12/06)

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

BECKER & POLIAKOFF, P.A.
2401 WEST BAY DR., STE. 414
LARGO, FL 33770

7. Name and Address of New Registered Agent

Becker & Poliakoff, P.A.
311 Park Place Blvd.
Suite 250
Clearwater, FL 33759-3977

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am authorized to file this statement with, and accept the obligations of registered agent.

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

ELLEN HIRSCH DE HAAN, J.D., FOR THE FIRM

Filing Fee is \$61.25
Due by May 1, 2008

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	PD GARDNER, J. STEPHEN 560 BOSPHORUS AVENUE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, FRANK 1212 E WHITING #306 TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEBB, CLENDON T 1212 E WHITING #502 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENTLEY, ERIN 1212 E WHITING #203 TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, STEVE 102 S 12TH STREET TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gardner, J. Stephen 560 Bosphorus Avenue Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Frank Wilson **FRANK WILSON** 2/15/08
 Signature and typed or printed name of signing officer or director Date Daytime Phone #