
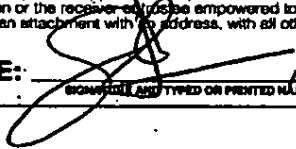


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-28-2005 90252 001 ***211.25

DOCUMENT # N04000008407					
1. Entity Name MERIDIAN DELRAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 277 SE 5TH AVE DELRAY BCH, FL 33483			Mailing Address 277 SE 5TH AVE DELRAY BCH, FL 33483		
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 01072005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BCH, FL 33483				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</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	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICKSTEIN, CARY		NAME		
STREET ADDRESS	277 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICKSTEIN, CARY		NAME		
STREET ADDRESS	277 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL		NAME		
STREET ADDRESS	277 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARR, KEVIN		NAME		
STREET ADDRESS	277 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33483		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		
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 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 and I am 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 my address, with all other like empowered.					
SIGNATURE: 		CARY Glickstein		1/17/05 (9d) 279-8952	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					