


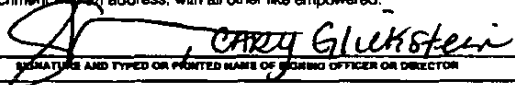
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3/1

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90026 018 \*\*\*\*61.25

66006439


<b>DOCUMENT # N04000008407</b>					
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 <b>APPLIED FOR 02-0763871</b>	
				Applied For Not Applicable	
				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		
GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BCH, FL 33483			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 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: 		Date: 2/6/06		Daytime Phone #: 561-279-8952	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>					

ATTACHMENT

66006439

#N04000008407

X

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

RECEIVED  
JAN 25 2006  
BY: \_\_\_\_\_

Date of this notice: 01-18-2006

Employer Identification Number:  
02-0763871

Form: SS-4

Number of this notice: CP 575 C

For assistance you may call us at:  
1-800-829-4933

MERIDIAN DELRAY CONDOMINIUM  
% CARY D GLICKSTEIN  
277 SE 5TH AVE  
DELRAY BEACH FL 33483

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

000955

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 02-0763871. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120H

03/15/2007

After our review of your information, we have determined that you are delinquent for the tax period(s) dating as far back as 2006. Please file your return(s) by 02-02-2006. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS Web site at [www.irs.gov](http://www.irs.gov).

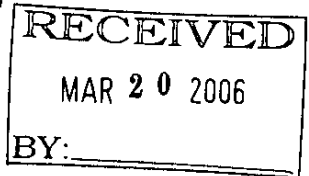
If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)



ATTACHMENT

W6006439



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

MERIDIAN DELRAY CONDOMINIUM ASSOCIATION, INC.  
277 SE 5TH AVE  
DELRAY BCH, FL 33483

Subject: MERIDIAN DELRAY CONDOMINIUM ASSOCIATION, INC.

Reference Number: N04000008407

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

COLLECTED 3/20/06 & RETURNED

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION