

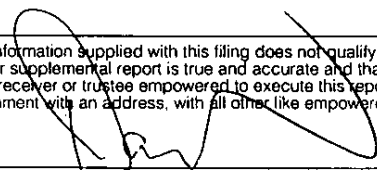


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 034 ****61.25

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 - No P.O. Box # 10 Phoenix Management Suite, Apt. #, etc. 3082 Jog Road		3. Mailing Address 10 Phoenix Management Suite, Apt. #, etc. 3082 Jog Road	
City & State Lake Worth FL		City & State Lake Worth FL	
Zip 33467	Country USA	Zip 33467	Country USA
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: David C. Rosenthal Street Address (P.O. Box Number is Not Acceptable): 10 Phoenix Management, Inc. 3082 Jog Road City: Lake Worth FL Zip Code: 33467	
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:  David C. Rosenthal DATE: 3/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME: GLICKSTEIN, CARY STREET ADDRESS: 277 SE 5TH AVE CITY-ST-ZIP: DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE: <u>(PTD)</u> NAME: Goodman, David STREET ADDRESS: 335 SE 6th Ave #306 CITY-ST-ZIP: Delray Beach FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: GLICKSTEIN, CARY STREET ADDRESS: 277 SE 5TH AVE CITY-ST-ZIP: DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE: <u>(VPD)</u> NAME: Rocco, Thomas STREET ADDRESS: P.O. Box 882 CITY-ST-ZIP: Babylon NY 11702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: WRIGHT, MICHAEL STREET ADDRESS: 277 SE 5TH AVE CITY-ST-ZIP: DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE: <u>(SD)</u> NAME: Burkhardt, AL STREET ADDRESS: P.O. Box 274 CITY-ST-ZIP: Deerfield Beach FL 33443 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: D NAME: FARR, KEVIN STREET ADDRESS: 277 SE 5TH AVE CITY-ST-ZIP: DELRAY BCH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete	TITLE: <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: 		Date: 3/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40049891



02062007 Chg-NP CR2E037 (12/06)

4. FEI Number 02-0763871 Applied For Not Applicable

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