

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 033 \*\*\*\*61.25

**DOCUMENT # N06000010318**

1. Entity Name  
**MERIDIAN VI AT THE OAKS PRESERVE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**595 BAY ISLES RD  
STE 200  
LONGBOAT KEY, FL 34228**

Mailing Address  
**595 BAY ISLES RD  
STE 200  
LONGBOAT KEY, FL 34228**

**40080293**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-5679429**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BETH CALLARIS MANAGEMENT CORP.  
595 BAY ISLES RD  
STE 200  
LONGBOAT KEY, FL 34228**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☒ **VP** ☐ Delete  
NAME **RUBIN, RANDEE**  
STREET ADDRESS **3603 NORTH POINT RD**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☒ **VP** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **PRESIDENT** ☐ Delete  
NAME **HENNINGAN, PATRICK**  
STREET ADDRESS **3603 NORTH POINT RD**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☒ **President** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ **ST TREASURER** ☐ Delete  
NAME **CAMBEST, LYNN**  
STREET ADDRESS **4193 ESCONDITO CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ **TREASURER** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **D** ☐ Delete  
NAME **BOPTON, MICHAEL**  
STREET ADDRESS **PO BOX 145**  
CITY-ST-ZIP **CENTER VALLEY, PA 18034**

TITLE ☒ **DIRECTOR** ☐ Change ☐ Addition  
NAME **KENNETH BISTANT**  
STREET ADDRESS **3603 NORTH POINT RD.**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ **D** ☐ Delete  
NAME **FORCIER, GEROGE GEORGE**  
STREET ADDRESS **401 NORTH POINT RD**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.21.08**