

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000342

**FILED
Mar 19, 2004
Secretary of State**

Entity Name: MERIDIAN COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

901-911 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE SKY REAL ESTATE MANAGEMENT, INC.
723 14TH PL, STE 9
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0437393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLUE SKY REAL ESTATE MANAGEMENT, INC.
723 14TH PL
STE 9
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELF, RICHARD
Address: 901 MERIDIAN AVE, APT 107
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: PINTO, VINCE
Address: 911 MERIDIAN AVE #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: SCHNEIDER, PATRICIA
Address: 800 WEST AVE APT 611
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHTER, CHAD
Address: 901 MERIDIAN AVE, APT 206
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: BROGAN, JENNIFER
Address: 911 MERIDIAN AVE #106
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD RICHTER

D

03/19/2004

Electronic Signature of Signing Officer or Director

_____ Date