

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000342

FILED
Mar 18, 2005
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:

C/O BLUE SKY MIAMI
820 EUCLID AVE UNIT 104
MIAMI BEACH, FL 33139

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:

GOMEZ, MICHAEL
1930 TYLER ST
HOLLYWOOD, FL 33120 US

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: GOMEZ/RMS

03/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: SCHNEIDER/RMS

D

03/18/2005

Electronic Signature of Signing Officer or Director

Date