

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000004944

**Entity Name:** THE MERIDIAN CONDOMINIUM ASSOCIATION OF TAMPA, INC.

**FILED**  
**Dec 01, 2023**  
**Secretary of State**  
**9327389875CC**

**Current Principal Place of Business:**

WESTCOAST MANAGEMENT AND REALTY  
10502 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

WESTCOAST MANAGEMENT AND REALTY  
10502 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number: 20-1006633**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESTCOAST MANAGEMENT & REALTY, INC  
WESTCOAST MANAGEMENT AND REALTY  
10502 N DALE MABRY HWY  
TAMPA, FL 33618 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: DENISE HELBIG**

**12/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURNS, RYAN  
Address        WESTCOAST MANAGEMENT AND REALTY  
                  10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            TREASURER  
Name            OLSON, KEVIN  
Address        WESTCOAST MANAGEMENT AND REALTY  
                  10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            SECRETARY  
Name            MCGOWAN, CAROL  
Address        WESTCOAST MANAGEMENT AND REALTY  
                  10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            VIDETTO, BEN  
Address        WESTCOAST MANAGEMENT AND REALTY  
                  10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            BARBATO, JOHN  
Address        WESTCOAST MANAGEMENT AND REALTY  
                  10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*I hereby 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 all other like empowered.*

**SIGNATURE: RYAN BURNS**

**PRESIDENT**

**12/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date