

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003225

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC2518084206**

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

**Current Principal Place of Business:**

6131 MESSINA LANE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

5505 N. ATLANTIC AVENUE  
SUITE 207  
COCOA BEACH, FL 32931 US

**FEI Number:** 20-8977570

**Certificate of Status Desired:** No

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

KEYS PROPERTY MANAGEMENT ENTERPRISE, INC.  
5505 N. ATLANTIC AVE.#207  
COCOA BEACH, FL 32931 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:** KIMBERLY POPP

04/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FARB, STUART  
Address        5505 N. ATLANTIC AVENUE  
                  SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title            VP  
Name            HOGAN, STEVE  
Address        5505 N. ATLANTIC AVENUE  
                  SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            GALL, SANDY  
Address        5505 N. ATLANTIC AVENUE  
                  SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title            DIRECTOR  
Name            MCCOY , JENNIFER  
Address        5505 N. ATLANTIC AVENUE  
                  SUITE 207  
City-State-Zip: COCOA BEACH FL 32931

Title            SECRETARY  
Name            STOCKTON, STEVE  
Address        5505 N. ATLANTIC AVE. #207  
City-State-Zip: COCOA BEACH FL 32931

*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:** STUART FARB

**PRESIDENT**

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date