## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009105

Entity Name: MERIDIAN 5 CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 30, 2018 Secretary of State CC7257264986

## **Current Principal Place of Business:**

421 MERIDIAN AVENUE MIAMI BEACH, FL 33139

## **Current Mailing Address:**

**BLUE LEAF MANAGEMENT** P.O BOX 190239 MIAMI BEACH. FL 33139 US

FEI Number: 45-3754367 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

**BLUE LEAF MANAGEMENT** 1210 WASHINGTON AVENUE SUITE 213 MIAMI BEACH, FL 33139 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: DOMINIQUE BAILLEUL 04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** CHUNG, CHRISTOPHER Name Name PERSIN, DANIEL

Address **BLUE LEAF MANAGEMENT** Address **BLUE LEAF MANAGEMENT** 

P.O BOX 190239 P.O BOX 190239

MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 City-State-Zip:

City-State-Zip:

Title VP, SECRETARY Title **DIRECTOR** SUAREZ, DAVID VICTOR RUIZ, JACK Name Name

2929 SW 3 AVENUE **BLUE LEAF MANAGEMENT** Address Address

SUITE 330 P.O BOX 190239

MIAMI FL 33129 MIAMI BEACH FL 33139 City-State-Zip: City-State-Zip:

Title DIRECTOR

HEWITT, DOUGAL Name

**BLUE LEAF MANAGEMENT** Address

P.O BOX 190239

City-State-Zip: MIAMI BEACH FL 33139

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: CHRISTOPHER CHUNG

**PRESIDENT** 

04/30/2018