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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: KATHRYN SELLNER

City-State-Zip: ST PETERSBURG FL 33713

Electronic Signature of Signing Officer/Director Detail

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

LIVINGSTON, SHERRY 11815 SWEETPEA CT TAMPA, FL 33635 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: SHERRY LIVINGSTON				
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP, SECRETARY	
Name	DANA, GREGORY	Name	KELLY, TOM	
Address	P O BOX 2742	Address	2253 CENTRAL AVE	
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	#206 ST PETERSBURG FL 33713	
Title	TREASURER			
Name	SELLNER, KATHRYN			
Address	2253 CENTRAL AVE #207			

SIGNATURE: SHERRY LIVINGSTON

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

2253 CENTRAL AV ST PETERSBURG, FL 33713

### **Current Mailing Address:**

P O BOX 2742 OLDSMAR, FL 34677 US

### FEI Number: 81-1582955

# ASSOCIATION, INC

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000017571

Entity Name: THE MERIDIAN AT ST. PETERSBURG CONDOMINIUM

## Certificate of Status Desired: No

04/14/2019 Date

FILED Apr 14, 2019 Secretary of State 0600753252CC