2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000071194

Entity Name: TW OAKS MERIDIAN, INC.

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD

SUITE 2000

SCOTTSDALE, AZ 85251

Current Mailing Address:

4900 N. SCOTTSDALE ROAD **SUITE 2000**

SCOTTSDALE, AZ 85251

FEI Number: 65-0858920 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

City-State-Zip:

Address

Electronic Signature of Registered Agent

Date

FILED Oct 17, 2013

Secretary of State

CC5903769192

Officer/Director Detail:

SUITE 512

Title PRESIDENT, DIRECTOR Title ASST. SECRETARY, DIRECTOR

STEFFENS, LOUIS E Name Name MERRILL, S. TODD

Address 1211 N. WESTSHORE BLVD Address 1211 N. WESTSHORE BLVD

SUITE 512

Name

TAMPA FL 33607 TAMPA FL 33607 City-State-Zip:

Title

SECRETARY, VP, GENERAL Title TREASURER, VP COUNSEL

MILLER, DOUGLAS D Name SHERMAN, DARRELL C Name

1211 N. WESTSHORE BLVD Address Address

4900 N. SCOTTSDALE ROAD **SUITE 512 SUITE 2000**

TAMPA FL 33607 City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip:

CFO, VP Title Title ASST. SECRETARY

ESTRADA, CAROLINE G Name 4900 N. SCOTTSDALE ROAD Address

4900 N. SCOTTSDALE ROAD Address

SUITE 2000 SUITE 2000

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: SCOTTSDALE AZ 85251

Title Title ASST. TREASURER, VP

CAMPBELL, MICHELLE M Name Name BOYD, CALVIN R.

551 NORTH CATTLEMEN RD. Address

4900 N. SCOTTSDALE ROAD SUITE 200 **SUITE 2000**

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SCOTTSDALE AZ 85251

Continues on page 2

CONE, C. DAVID

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.

10/17/2013 SIGNATURE: CAROLINE G. ESTRADA ASST. SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ۷P

Name MCCHESNEY, VALERIE

551 NORTH CATTLEMEN RD. SUITE 200 Address

City-State-Zip: SARASOTA FL 34232