

**2013 FLORIDA PROFIT CORPORATION 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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title        PRESIDENT, DIRECTOR  
Name        STEFFENS, LOUIS E  
Address     1211 N. WESTSHORE BLVD  
             SUITE 512  
City-State-Zip: TAMPA FL 33607

Title        ASST. SECRETARY, DIRECTOR  
Name        MERRILL, S. TODD  
Address     1211 N. WESTSHORE BLVD  
             SUITE 512  
City-State-Zip: TAMPA FL 33607

Title        SECRETARY, VP  
Name        SHERMAN, DARRELL C  
Address     4900 N. SCOTTSDALE ROAD  
             SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title        TREASURER, VP  
Name        MILLER, DOUGLAS D  
Address     1211 N. WESTSHORE BLVD  
             SUITE 512  
City-State-Zip: TAMPA FL 33607

Title        VP  
Name        CAMPBELL, MICHELLE M  
Address     501 N. CATTLEMEN RD.  
             SUITE 100  
City-State-Zip: SARASOTA FL 34232

Title        ASST. SECRETARY  
Name        ESTRADA, CAROLINE G  
Address     4900 N. SCOTTSDALE ROAD  
             SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title        CFO, VP  
Name        CONE, C. DAVID  
Address     4900 N. SCOTTSDALE ROAD  
             SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

Title        ASST. TREASURER, VP  
Name        BOYD, CALVIN  
Address     4900 N. SCOTTSDALE ROAD  
             SUITE 2000  
City-State-Zip: SCOTTSDALE AZ 85251

*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.*

**SIGNATURE:** CAROLINE G. ESTRADA**ASST. SECRETARY****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date