2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 21, 2007 08:00 A **DOCUMENT # 746396** 1. Entity Name Secretary of State 1900 MERIDIAN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1900 MERIDIAN AVE CONDOMINIUM MAIL BOX 1900 MERÍDIAN AVE CONDOMINIUM MAIL BOX MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1900 Bullar 1900 miristian ave Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) mail 4. FEI Number Applied For miami 59-2018313 Not Applicable \$8.75 Additional Ζıp 5. Certificate of Status Desired 33139 33139 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASTIGIANO, DANILO Street Address (P.O. Box Number is Not Acceptable) 1900 MERIDIAN AVE. MIAMI BEACH FL 33139 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent llure, typed or printed parte of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. THIE Delete TITLE ☐ Change ■ Addition NAM SCHNAIDER, BORIS NAME STREET ADDRESS U00000676664 1900 MERIDIAN AVE. #503 STREET ADDRESS 03/30/07-80069-020 61.25 CITY-ST-7IP MIAMI BCH FL 33139 CITY-ST-7IP TIZLE ☐ Delete ☐ Change Addition NAME GRANDA, MIRTA STREET ADDRESS 1900 MERIDIAN AVE #501 STREET ADDRESS CITY-SI-ZIP MIAMI BCH FL 33139 CITY-ST-ZIP DID Delete Change ☐ Addition NAME GONZALEZ, YOLANDA NAME STREET ADDRESS STREET ADDRESS 1900 MERIDIAN AVE. #404 CITY-S1-ZIP CITY ST- 7IP MIAMI BEACH FL 33139 TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY+SI-ZIP CITY-ST-ZIP HILL ☐ Delete TITLE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/12/07-335-670-895