

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90180 002 \*\*\*\*62.15

<b>DOCUMENT # 756587</b>					
<b>1. Entity Name</b> MERIDIAN CLUB CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4901 GULF SHORE BLVD N MANAGER OFFICE NAPLES, FL 34103 US			<b>Mailing Address</b> 4901 GULF SHORE BLVD MANAGER OFFICE NAPLES, FL 34103 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2074019	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> HALLAKER, RUNE <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD., N <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> BECKLER, DAVID Z <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> CONZEMIUS, MARY ELLEN <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> CONZEMIUS, MARY ELLEN <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD., N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> TODD, JAMES <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD N <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ROZZI, JAMES <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> DR. CHARLES GUNDERSEN <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> MARY ELLEN CONZEMIUS <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N <b>CITY-ST-ZIP</b> NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> LEWIS HOOVER <b>STREET ADDRESS</b> 4901 GULF SHORE BLVD. N <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Rune Hallaker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

RUNE HALLAKER