

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756587

FILED
Apr 17, 2008
Secretary of State

Entity Name: MERIDIAN CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4901 GULF SHORE BLVD N
MANAGER OFFICE
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4901 GULF SHORE BLVD
MANAGER OFFICE
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2074019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALLAKER, RUNE
Address: 4901 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: BECKLER, DAVID Z
Address: 4901 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: CONZEMIUS, MARY ELLEN
Address: 4901 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: CONZEMIUS, MARY ELLEN
Address: 4901 GULF SHORE BLVD., N.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: HOOVER, LEWIS
Address: 4901 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: GUNDERSEN, CHARLES
Address: 4901 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUNE HALLAKER

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date