## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

757701

(8)

THE MERIDIAN OF PALM BEACH CONDOMINIUM ASSOCIATI ON, IN

FILED
Jan 30 1998 8:00am
Secretary of State

Applied For

ON, INC.						
Principal Place of Business	Mailing Address 3300 S.OCEAN BLVD. PALM BEACH FL 33480	S CANDIN INSERF MESTE LIBERT NEWS THE STATE WINDS BURNE METALS MESTE MESTE INCLUDING				
3300 S.OCEAN BLVD. PALM BEACH FL 33480		3. Date Incorporated or Qualified				
		04/23/1981 4. FEI Number Applied For				

					59-2109191   Not Applicable			
2. 21	Principal Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
23	City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
24	Zip Country 25	Zip <b>29</b>	Countr 30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Τ	Name			
WURTZEL, LEO 3300 S OCEAN BLVD., #102 S			82	Т	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480				3				
			84	ıΤ	City 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of. Section 617.0503. Florida Statutes.

agent. Tam familiar with, and accept the obligations of, Section of Microsco, Florida Statutes.								
SIGNATURE _	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: F	leoistered Agent signature	required when reinstating) DATE	_	<del> </del>		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	X DELETE	1.1 TITLE	S	Change	X Addition		
NAME	DICKNAN, ALBERT	= *	1,2 NAME	Frank Sarola				
STREET ADDRESS	3300 S OCEAN BLVD		1.3 STREET ADDRESS	300 S Ocean Blvd		1		
CITY-ST-ZIP	PALM BEACH, FL 00000		1.4 CITY-ST-ZIP	Palm Beach, FL 33480				
TITLE	T	DELETE	2.1 TITLE	V-P	☐ Change	Addition		
NAME	SHAPIRO, MARILYN		2.2 NAME	Gerald Axelrod				
STREET ADDRESS	3300 S OCEAN BLVD		2.3 STREET ADDRESS	3300 S Ocean Blvd.				
CITY-ST-ZIP	PALM BCH, FL 00000		2. 4 CITY-ST-ZIP	Palm Beach, FL 33480				
TITLE	D	☐ DELETE	3.1 TITLE	Dania masi mat.	Change	Addition		
NAME	MILLER, CARL		3.2 NAME	David Nash, M.D.				
Street address	3300 S.OCEAN BLVD.		3.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. CITY - ST - ZIP	3300 S. Ocean Blyd Palm Beach, FL 33480				
TITLE	D	☐ DELETE	4.1 TITLE	P	Change	Addition		
NAME	RAMONIDETTA, JOSEPH		4, 2 NAME	Leo Wurtzel				
STREET ADDRESS	3300 S OCEAN BLVD		4.3 STREET ADORESS	3300 S Ocean Blvd.				
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	Palm Beach, FL 33480				
TITLE	D	DELETE	5.1 TITLE		☐ Change	Addition		
NAME	SPRINGER, LEONARD		5.2 NAME					
STREET ADDRESS	3300 S OCEAN BLVD		5.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BCH, FL 00000		5.4 CITY - ST - ZIP					
TITLE	D	DELETE	6.1 TITLE		L Change	Addition		
NAME	SCHADER, BYRON		6.2 NAME					
STREET ADDRESS	3300 S OCEAN BLVD		6.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH, FL 00000		6.4 CITY-ST-ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561-581-9830