

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 050 *****70.00

DOCUMENT # 757701

1. Entity Name

**THE MERIDIAN OF PALM BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**3300 S.OCEAN BLVD.
PALM BEACH FL 33480**

Mailing Address

**3300 S.OCEAN BLVD.
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2109191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WURTZEL, LEO
3300 SOUTH OCEAN BLVD.
SUITE 102-S
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADELINE, SHAPIRO 3300 S OCEAN BLVD PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WURTZEL, LEO 3300 S.OCEAN BLVD. PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, MICHELE 3300 S OCEAN BLVD PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGEL, IRA 3300 S OCEAN BLVD PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACKEL, SOL 3300 SOUTH OCEAN BLVD. PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHADER, BRYON 3300 SOUTH OCEAN BLVD. PALM BEACH FL 33480	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN SIMON 3300 S. OCEAN BLVD # 3055 PALM BCH, FL 33480-DIRECTOR	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK SAROLA 3300 S. OCEAN BLVD # 105 PALM BCH, FL 33480 V.P.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN ZASKIND 3300 S. OCEAN BLVD PALM BCH, FL 33480 DIRECTOR	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05 561-552-9830