2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 10, 2006 8:00 am **Secretary of State DOCUMENT # 757701** 1. Entity Name 02-10-2006 90019 016 ****70.00 THE MERIDIAN OF PALM BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3300 S.OCEAN BLVD. PALM BEACH FL 33480 3300 S.OCEAN BLVD. PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4, FEI Number 59-2109191 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WURTZEL, LEO Street Address (P.O. Box Number is Not Acceptable) 3300 SOUTH OCEAN BLVD. SUITE 102-S PALM BEACH FL 33480 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE Delete TITLE \mathcal{D} ☐ Change DIANE STROGOFF MADELINE, SHAPIRO NAME NAME 3300 S OCEAN BLVD 3300 8 OCEAN STREET ADDRESS STREET ADDRESS PALM BCH FL CITY-ST-7IP CITY-ST-7IP PALMACHE. FL ZEIZW CONWOH PD TITLE ☐ Delete TITLE ☐ Change Addition 3300 S. OCKAN BUN WURTZEL, LEO NAME NAME TEE ANDRESS 3300 S.OCEAN BLVD. STREET ADDRESS PALM BOH, FL CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE VD 40 FT 205 ☐ Delete NAME GRACE, MICHELE NAME 3300. STREET ADDRESS 3300 S OCEAN BLVD STREET ADDRESS CITY-ST-7IP PALL BCH. PALM BEACH FL 33480 CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Chang SEGEL, IRA NAME STREET ADDRESS 3300 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ■ Addition SACKEL SOL NAME STREET ADDRESS 3300 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition SCHADER, BRYON NAME NAME STREET ADDRESS 3300 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP 12. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED