2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 8:00 am Secretary of State DOCUMENT # 757701 1. Entity Name 03-29-2007 90016 049 ****70.00 THE MERIDIAN OF PALM BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3300 S.OCEAN BLVD. 3300 S.OCEAN BLVD. 40044146 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2109191 City & State City & State Applied For Not Applicable Zip Country Zip 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 3300 SOUTH OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 102-S PALM BEACH, FL 33480 City 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 DATE Signature, typed or crimted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstature) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Defete SHAPIRO, MADELINE 3300 S. OCEAN BIVD. MADELINE, SHAPIRO NAME NAME 3300 S OCEAN BLVD STREET ADDRESS STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP PALM BCH, FL CITY-ST-ZIP Delete ☐ Change TITLE TITLE WURTZEL, LEO NAME NAME STREET ADDRESS 300° 3300 S.OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 TD change **▼** Addition VD TITLE Delete TITI F RACE, MICHELE GRACE, MICHELE NAME NAME 3300'S. Ocean Blud STREET ADDRESS STREET ADDRESS 3300 S OCEAN BLVD CITY-ST-ZIP PAUM BEACH, FL PALM BEACH, FL 33480 CITY-ST-ZIP Delete ☐ Change TITLE TITLE NAME SEGEL, IRA NAME STREET ADDRESS STREET ADDRESS 3300 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Change Addition Delete TITLE TITLE BALABAN DONALD J. NAME SACKEL, SOL 3300 S. O(EUN BLUD 3300 SOUTH OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Additio ☐ Delete TITLE T:TLE NAME SCHADER, BRYON NAME STREET ADDRESS 3300 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND

FILED

2007 NOT-FOR-PROFIT CORPORATION

200	ANNUAL I	ATTACHMENT .							
1. Entity Name THE MER	MENT <u># 757701</u> IDIAN OF PALM BEACH COL TION, INC.	NDOMINIUM			1) 7	160	7	<u> </u>	
3300 S.OCEAN BLVD.		Mailing Address 3300 S.OCEAN BLVD. PALM BEACH, FL 33480		·		400	H414	- + 6	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007 Ch	g-NP	CR2E037	(12/06)	_
City & State		City & State		,	4. FEI Number Applied For 59-2109191 Not Applicable				
Zip Country		Zip Country			5. Certificate of Sta	tus Desired		3.75 Add e Required	
••	6. Name and Address of Current Re	gistered Agent	Name		7. Name and Addr	ess of New R	egistered Age	ent	
	TH OCEAN BLVD.			Street Address (P.O. Box Number is Not Acceptable)				 	
SUITE 102 PALM BEA	?-S ACH, FL 33480								
			City	FL Zip Code					
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and		Registered Agent signati				DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	1	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 DIREC	CTORS Delete	11.	D	ADDITIONS/CHANGE	S TO OFFICE		CTORS IN	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	MADELINE, SHAPIRO 3300 S OCEAN BLVD PALM BCH, FL	Cal Deserte	NAME STREET ADDRESS CITY-ST-ZIP	STE	060ff, 7 00 S. OCK	HIFL.	aud .	_	
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] Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	VD GRACE, MICHELE 3300 S OCEAN BLVD PALM BEACH, FL 33480	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGEL, IRA 3300 S OCEAN BLVD PALM BEACH, FL 33480	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
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					☐ Change	☐ Addition
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				. <u> </u>	Change	☐ Addition
indicated	certify that the information supplied with the don this report or supplemental report is transcription or the receiver or trustee empower, or on an attachment with an address, with an address.	ue and accurate and that m ered to execute this report a							

SIGNATURE: ___ Daytime Phone # Oate SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR