2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2003 8:00 am Secretary of State 01-10-2003 90023 041 ****61.25

Daytime Phone a

DOCUMENT # 757701 1. Entity Name THE MERIDIAN OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.							01-10-2003 9002	3 041 ***	**61.25	
Principal Place of Business 3300 S.OCEAN BLVD. PALM BEACH FL 33480			Mailing Address 3300 S.OCEAN BLYD. PALM BEACH FL 33480			1 104411 10701	2007	ili Albai Birki Bi	Die Plan 120a	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 5	9-2109191	<u> </u>	pplied For ot Applicable	
Zip		Country	Zip 	Cou	intry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					Name	7. Name and Apr	iress of New Hegistered	Agent		
WURTZEL, LEO 3300 SOUTH OCEAN BLVD.					Street Address	dress (P.O. Box Number is Not Acceptable)				
SUITE 102-S PALM BEACH FL 33480					City Zip Code			<u></u>		
							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 Signature, types or Printed name or registered agent and title it applicate. (NOTE: Registered Agent signature required when reinstating) DATE									\	
The contract of the contract o										
,	FILE NOW:	FEE IS \$61.25	9. Election Cam Trust Fund Ca		\$5.00 May Be Added to Fees	Make Checl Florida Depar				
10.	TY	OFFICERS AND DIR		11.			ES TO OFFICERS AND DI			
TITLE NAME	SHAPIRO, I	MARILYN	☐ Delete	M	MICHELE CRACE Change MARGINION					
STREET ADDRESS	3300 S OC	ean blvd		10.441	T 4000000 333	3300 2 OCEAN BLAD VICE				
CITY-ST-ZIP '	PALM BCH	<u>FL</u>		CITY-ST-ZIP			MY Kich FL 33480 PRESIDENT			
TITLE NAME	PD Delete			TITLE	ADDRESS 3300 S. OCEAN BLUD DIRECTOR					
STREET ADDRESS				ET ADDRESS 33	IN BOH, FL 33480 TRECTOL					
CITY-ST-ZIP	PALM BEACH FL 33480									
TITLE	NOI CON T	Delete	mle	1 1	MRN SO	DE LLASSO	☐ Change	Addition		
NAME STREET ADDRESS	KOLSBY, H		NAME	TADDRESS 3	. 2008	IV hasso	WRECT	<u> </u>		
CITY-ST-ZIP	PALM BEACH FL 33480				ST-ZIP	ALLY BEX	1-FF -3-3-	+80-		
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SEGEL, IRA			NAME	1					
STREET ADDRESS City-ST-ZIP	3300 S OCEAN BLVD PALM BEACH FL 33480				T ADDRESS ST-ZIP				}	
TITLE	SD		☐ Delete	TITLE		<u>`</u>		Change	☐ Addition	
NAME	SACKEL, S			NAME	1					
STREET ADORESS City-St-Zip		H OCEAN BLVD. XH FL 33480		1	T ADORESS ST-ZIP					
TITLE	D		Delets	MILE				☐ Change	Addition	
NAME	COMISKY, I			NAME	1					
STREET ADDRESS CITY-ST-21P					T ADDRESS ST-7IP					
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.										

ING OFFICER OR DIRECTOR