

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006285

1. Entity Name
**MERIDIEN CENTRE PHASE II CONDOMINIUM
ASSOCIATION, INCORPORATED**



Principal Place of Business
**2750 NW 43RD ST
SUITE 201
GAINESVILLE, FL 32606**

Mailing Address
**P O BOX 357099
GAINESVILLE, FL 32635**



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3750996

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT D
MERIDIEN CENTER
2750 NW 43RD STREET STE 201
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRUEGER, SCOTT DAVID
STREET ADDRESS	PO BOX 357099
CITY - ST - ZIP	GAINESVILLE, FL 32635
TITLE	VD
NAME	MITCHELL, LAURIE
STREET ADDRESS	2750 NW 43RD STREET STE 202
CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	FRECK, JOSEPH
STREET ADDRESS	PO BOX 357688
CITY - ST - ZIP	GAINESVILLE, FL 32635
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #