

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90029 024 ****61.25

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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**

40000000



01032007 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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