


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90009 005 ****61.25

DOCUMENT # N01000006285 1. Entity Name MERIDIEN CENTRE PHASE II CONDOMINIUM ASSOCIATION, INCORPORATED	
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Principal Place of Business 2750 NW 43RD ST SUITE 201 GAINESVILLE, FL 32606	Mailing Address P O BOX 357099 GAINESVILLE, FL 32635
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2008**

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 another like empowered.

Signature

1/7/2008 (352) 326-3090