

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# N02000000809

Entity Name: 1235 MERIDIAN CONDO ASSOCIATION CORP.

**Current Principal Place of Business:**

1235 MERIDIAN AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402336  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 80-0038507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNETT, JOAN  
763 41ST STREET  
SUITE C  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S/D ( ) Delete  
Name: SARDA, RABIN  
Address: 1235 MERIDIAN AVENUE, #4  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PT/D ( ) Delete  
Name: HOFFMAN, MICHAEL  
Address: 1235 MERIDIAN AVENUE, #5  
City-St-Zip: MIAMI BEACH, FL 33138

Title: VP/D ( ) Delete  
Name: BEHR, JENNIFER  
Address: 1235 MERIDIAN AVENUE, #2  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BEHR, JENNIFER  
Address: 1235 MERIDIAN AVENUE, #2  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HOFFMAN

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date