

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001317

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** MERIDIAN IV AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

BETH CALLANS MANAGEMENT CORP.  
409 NORTH POINT RD.  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES RD., SUITE 200  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 20-1544987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES RD. STE 200  
LONGBOAT KEY, FL 34228 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: VD ( ) Delete  
Name: BROOKS, VICTOR  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

Title: S ( ) Delete  
Name: RICKARD, CAROL  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

Title: T ( ) Delete  
Name: DEAN, STANLEY  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

Title: COVP ( ) Delete  
Name: ANDERSON, STEVEN  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: HERMANN, PAUL  
Address: 409 NORTH POINT RD.  
City-St-Zip: OSPREY, FL 34229

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

Title: D (X) Change ( ) Addition  
Name: LAPRADE, VICTOR  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

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

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

Title: P (X) Change ( ) Addition  
Name: ANDERSON, STEVEN  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

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

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: STEVEN ANDERSON

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date