2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2010
Secretary of State

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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: D
Name: LIPSTEIN, CHARLES
Address: 409 NORTH POINT RD
City-St-Zip: OSPREY, FL 34229

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

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

Title: P
Name: ANDERSON, STEVEN
Address: 409 NORTH POINT RD
City-St-Zip: OSPREY, FL 34229

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

I hereby 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 all other like empowered.

SIGNATURE: STEVE ANDERSON P 03/29/2010

Electronic Signature of Signing Officer or Director — Date