

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001317

FILED  
Apr 19, 2012  
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:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

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

**New Mailing Address:**

C/O LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**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:**

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

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: LLOYD KEITH

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LIPSON, 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: LAPRADE, VICTOR  
Address: 409 NORTH POINT RD  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: NEWSOM, BARBARA  
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: EDWARD CABOT

CAM

04/19/2012

Electronic Signature of Signing Officer or Director

Date