

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 037 \*\*\*\*61.25

<b>DOCUMENT # N03000006833</b>					
<b>1. Entity Name</b> MERIDIAN OAKS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2911 E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301			<b>Mailing Address</b> 2911 E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301		
<b>2. Principal Place of Business</b> 2911 E Industrial Plaza Dr		<b>3. Mailing Address</b> 2911 E Industrial Plaza Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004 Chg-NP CR2E037 (10/03)	
<b>City &amp; State</b> Tallahassee, FL		<b>City &amp; State</b> Tallahassee FL		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For Not Applicable	
<b>Zip</b> 32301		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  GHAZVINI, MEHRDAD 2811 E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GHAVINI, HOSSEIN 2811 E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Ghazvini, Hossein 2811 E Industrial Plaza Dr Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> GHAVINI, BEHZAD 2811 E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Ghazvini, Behzad 2811 E Industrial Plaza Drive Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.</b>					
<b>SIGNATURE:</b> _____			Hossein Ghazvini 11/11/04 (850) 402-1111		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		