


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 033 ****61.25

DOCUMENT # N03000009675 1. Entity Name MRDM CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13830 58TH STREET NORTH SUITE 401 CLEARWATER, FL 33760		Mailing Address 4139 TARTAN PLACE TAMPA, FL 33624	
2. Principal Place of Business 5019 Whistling Pines Ct. Suite, Apt. #, etc.		3. Mailing Address 5019 Whistling Pines Ct. Suite, Apt. #, etc.	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip 33544	Country Pasco	Zip 33544	Country Pasco
6. Name and Address of Current Registered Agent MELI, MICHAEL 4139 TARTAN PLACE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Michael Meli Street Address (P.O. Box Number is Not Acceptable) 5019 Whistling Pines Ct. City Wesley Chapel <div style="float: right;"> FL Zip Code 33544 </div>	
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.			
SIGNATURE _____ DATE 1/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PSTD <input type="checkbox"/> Delete NAME MELI, MICHAEL STREET ADDRESS 4139 TARTAN PLACE CITY - ST - ZIP TAMPA, FL 33624	TITLE PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Meli, Michael STREET ADDRESS 5019 Whistling Pines Ct. CITY - ST - ZIP Wesley Chapel, FL 33544		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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.			
SIGNATURE: _____ 1/30/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

50003003



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0404766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**