


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009675	
1. Entity Name MRDM CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5019 WHISTLING PINES COURT WESLEY CHAPEL, FL 33544	Mailing Address 5019 WHISTLING PINES COURT WESLEY CHAPEL, FL 33544
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0404766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELI, MICHAEL
5019 WHISTLING PINES COURT
WESLEY CHAPEL, FL 33544

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

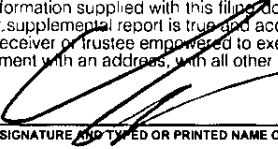
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	0000000925534 02/21/08-80014-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MELI, MICHAEL 5019 WHISTLING PINES COURT WESLEY CHAPEL, FL 33544
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/30/08 813-355-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylong Phone #