

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009727

1. Entity Name
MERIDALE AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**816 MERIDALE AVE
ORLANDO, FL 32803**

Mailing Address
**816 MERIDALE AVE
ORLANDO, FL 32803**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0854902

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTINA ERLHOFF, MARIE
816 MERIDALE AVE
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SDS
NAME	SALG, JOSEPH
STREET ADDRESS	818 MERIDALE AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPDV
NAME	SALG, CHRISTIAN
STREET ADDRESS	818 MERIDALE AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	PDP
NAME	CHRISTINA ERLHOFF, MARIE
STREET ADDRESS	816 MERIDALE AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	TDT
NAME	MOON, A. SUZANNE
STREET ADDRESS	8208 JEFFERSON CIR NORTH
CITY-ST-ZIP	ATLANTA, GA 30341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000177048
01/11/05-80021-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Marie-Christina Erlhoff* *MICHELLOP* *1/4/05* *407-828-2098*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #