2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009727

1. Entity Name
MERIDALE AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
816 MERIDALE AVE ORLANDO, FL 32803	816 MERIDALE AVE ORLANDO, FL 32803

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01042007 No Chg-NP CR2E037 (4/06)

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

ERLHOFF, MARIE C
816 MERIDALE AVE
ORLANDO, FL 32803

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	5410 KUMQUAT LOOP
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	PDP
NAME	ERLHOFF, MARIE C
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	

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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: Marie C. Erlhoff 1.5.07 407-620-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #