

**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.	
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Principal Place of Business 816 MERIDALE AVE ORLANDO, FL 32803	Mailing Address 816 MERIDALE AVE ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



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.

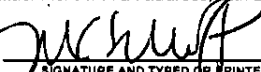
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDS SALG, JOSEPH 818 MERIDALE AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDV SALG, CHRISTIAN 5410 KUMQUAT LOOP WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP ERLHOFF, MARIE C 816 MERIDALE AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT MOON, A. SUZANNE 8208 JEFFERSON CIR NORTH ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000580426 01/10/07-80046-019 61.25 DO NOT WRITE IN THIS SPACE

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. Erhoff** **1-5-07** **407-620-8565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #