## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400003012

**FILED** Mar 01, 2007 Secretary of State

Entity Name: MERIDIAN BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1300 COLLINS AVE., STE. 100 790 WEST 20TH STREET MIAMI BEACH, FL 33139 HIALEAH, FL 33010

**Current Mailing Address: New Mailing Address:** 

1300 COLLINS AVE., STE. 100 790 WEST 20TH STREET MIAMI BEACH, FL 33139 HIALEAH, FL 33010

FEI Number: 20-1361817 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHERMAN, THOMAS G 218 ALMERIA AVE CORAL GABLES, FL 33134 US

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete BLOOMER, COURTNEY THOMAS-ELLIS, YOLANDE Name: Name: 1559 MERIDIAN AVE #207 Address: 1557 MERIDIAN AVE #106 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

(X) Change ( ) Addition Title: VD ( ) Delete Title: Name: CAVIDAD, DARIO Name: PERLA, CAROLA

Address: 1559 MERIDIAN AVE #108 Address: 1551 MERIDIAN AVE #102 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

Title: STD () Delete Title: SD (X) Change ( ) Addition

ROMERO, SILVANO Name: SPOTTO, MICHELLE Name: Address: 1551 MERIDIAN #201 Address: 1551 MERIDIAN #201 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDE THOMAS-ELLIS PD 03/01/2007