

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003012

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** MERIDIAN BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

790 WEST 20TH STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

790 WEST 20TH STREET  
HIALEAH, FL 33010

**New Mailing Address:**

790 WEST 20TH STREET  
2ND FLOOR  
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:**

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
HIALEAH, FL 33010 US

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

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010 US

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: FOUR POINTS PROPERTY MANAGEMENT, INC.

04/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS-ELLIS, YOLANDE  
Address: 1557 MERIDIAN AVE #106  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD ( ) Delete  
Name: PERLA, CAROLA  
Address: 1551 MERIDIAN AVE #102  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SD ( ) Delete  
Name: SPOTTO, MICHELLE  
Address: 1551 MERIDIAN #201  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THOMAS-ELLIS, YOLANDE  
Address: 790 WEST 20TH STREET  
City-St-Zip: HIALEAH, FL 33010 US

Title: TD (X) Change ( ) Addition  
Name: PERLA, CAROLA  
Address: 790 WEST 20TH STREET  
City-St-Zip: HIALEAH, FL 33010 US

Title: SD (X) Change ( ) Addition  
Name: SPOTTO, MICHELLE  
Address: 790 WEST 20TH STREET  
City-St-Zip: HIALEAH, FL 33010 US

I hereby certify that the information supplied with this filing does not qualify 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

04/10/2009

Electronic Signature of Signing Officer or Director

Date