2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008407

FILED Apr 08, 2009 Secretary of State

Entity Name: MERIDIAN DELRAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: % PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** % PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 FEI Number: 02-0763871 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: ROSENTHAL, DAVID %PHOENIX MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH, FL 33467 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition GOODMAN, DAVID KATZ, ANDREW Name: Name: 333 SG 6TH AVE #306 Address: 365 SE 6TH AVE #307 Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483 PD Title: Title: (X) Change () Addition () Delete BURKHARDT, AL Name: TIMMONS, MARY Name: Address: PO BOX 274 Address: 365 SE 6TH AVENUE, #401 City-St-Zip: DEERFIELD BEACH, FL 33443 City-St-Zip: DELRAY BEACH, FL 33483 Title: STD () Delete Title: (X) Change () Addition ALIJEWICE, ALEX MINARCHI, BOB Name: Name: Address: 14105 TECOMA DR. Address: 335 SE 6TH AVENUE, #305 City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: DELRAY BEACH, FL 33483 Title: Title: () Change (X) Addition () Delete Name: Name: SCHWIMMER, LONNIE Address: Address: 703 GOLF COURT City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: () Change (X) Addition CASTAGNOLO, CAROLINE Name: Name: 335 SE 6TH AVENUE, #N208 Address: Address: City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33483

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: ANDREW KATZ Ρ 04/08/2009