

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90047 004 ****70.00

DOCUMENT # N06000002854					
1. Entity Name MIDTOWN AT MERIDIAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1951 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 10252 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8084060	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUMGARNER, BARRY 502 W JEFFERSON STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BUMGARNER, BARRY STREET ADDRESS 502 W JEFFERSON STREET CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE S	NAME Bumgarner, Barbara STREET ADDRESS 502 W. Jefferson Street CITY-ST-ZIP Tallahassee, FL 32301
TITLE SD	NAME BUMGARNER, BARBARA STREET ADDRESS 502 W JEFFERSON STREET CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE D	NAME WILKINSON, Catherine STREET ADDRESS P.O. Box 13461 CITY-ST-ZIP Tallahassee, FL 32317
TITLE TD	NAME THARPE, PRISCILLA STREET ADDRESS 3303 THOMASVILLE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Priscilla Tharpe</i> , Priscilla Tharpe, Treasurer				4/21/08 850 556 2693	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	