

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002854

FILED
Mar 20, 2009
Secretary of State

Entity Name: MIDTOWN AT MERIDIAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1951 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 10252
TALLAHASSEE, FL 32302

New Mailing Address:

P.O. BOX 13089
TALLAHASSEE, FL 32317

FEI Number: 20-8084060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUMGARNER, BARRY
502 W JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RHINEHART, ROBERT S CAM
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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: ROBERT S. RHINEHART

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BUMGARNER, BARBARA
Address: 502 W. JEFFERSON STREET.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WILKSON, CATHERINE
Address: P.O. BOX 13461
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: THARPE, PRISCILLA
Address: 3303 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILKINSON, CATHERINE
Address: P.O. BOX 13461
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP (X) Change () Addition
Name: ESTES, CHARLENE
Address: 1951 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Change () Addition
Name: MCCLEAN, FRANK
Address: 493 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Change (X) Addition
Name: WAGNER, GINNY
Address: 1951 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

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: ROBERT S. RHINEHART

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date