

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 JAN 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/22/08 01060003
#61.25



12032008 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000006188			
1. Entity Name MERIDIAN LUXURY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8042 WEST 21 AVENUE HIALEAH, FL 33016		Mailing Address 8042 WEST 21 AVENUE HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # 7605 Pinery Way		3. Mailing Address 7605 Pinery Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33615	Country	Zip 33615	Country
6. Name and Address of Current Registered Agent MUNOZ, JUAN O 8042 WEST 21 AVENUE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name: Bicker & Poliakoff Street Address (P.O. Box Number is Not Acceptable): 311 Park Place Blvd Suite 250 City: Clearwater FL Zip Code: 33759	
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. <i>Ellen Hirsch de Haan</i> SIGNATURE: ELLEN HIRSCH de HAAN, J.D., FOR THE FIRM			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, REINALDO D 8042 WEST 21 AVENUE HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Hinman D 7605 Pinery Way Tampa, FL 33615 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNOZ, JUAN O 8042 WEST 21 AVENUE HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ariel O. Garcia VP 7605 Pinery Way Tampa, FL 33615 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOCORRO, ALFREDO 8042 WEST 21 AVENUE HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Papaleo Sr 7605 Pinery Way Tampa, FL 33615 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139209540 12/22/08--01060--003 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Michael Hinman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/08

Date

813
882-8169
Daytime Phone #