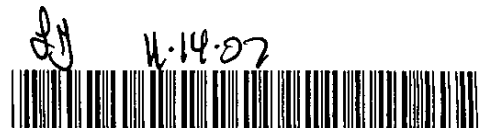


# 2007-NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 13 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07122007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000010315</b> 1. Entity Name <b>MERIDIAN V AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <del>8430 ENTERPRISE CIRCLE, SUITE 100</del> <del>BRADENTON, FL 34202</del> <b>595 Bay Isles Rd Ste 200</b> <b>Longboat Key FL 34228</b>			Mailing Address <del>8430 ENTERPRISE CIRCLE, SUITE 100</del> <del>BRADENTON, FL 34202</del> <b>Same as Principal Place of business</b>		
2. Principal Place of Business - No P.O. Box # <b>595 Bay Isles Rd</b> Suite, Apt. #, etc. <b>Ste 200</b>		3. Mailing Address <b>Idem</b> Suite, Apt. #, etc.			
City & State <b>Longboat Key - FL</b>		City & State		4. FEI Number <b>20-5679331</b>	
Zip <b>34228</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERRILL, S. TODD</b> <b>877 EXECUTIVE CENTER DRIVE, W., STE 205</b> <b>ST PETERSBURG, FL 33702-2472</b>				7. Name and Address of New Registered Agent Name <b>BETH CALLANS MANAGEMENT CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>595 Bay Isles Rd</b> City <b>Longboat Key</b> <b>FL</b> Zip Code <b>34228</b>	
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 <span style="float: right;">9.17.07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, TIMOTHY A 877 EXECUTIVE CENTER DRIVE W. STE 205 ST PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Lotwick 6711 7041 Grand National Dr Ste 206 Orlando - FL - 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLANTZ, ROBERT E 877 EXECUTIVE CENTER DRIVE W. STE 205 ST PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Yarymovych 3621 North Point Rd Osprey - FL - 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANDLIN, JEFFREY B 877 EXECUTIVE CENTER DRIVE W. STE 205 ST PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Pat Barnett PO Box 1268 Manchester Center - VT - 05255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS COHEN, ANN S 877 EXECUTIVE CENTER DRIVE W. STE 205 ST PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gunther Lahm 13400 Sandover Place Pickerington - OH - 43147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MERRILL, S. TODD 877 EXECUTIVE CENTER DRIVE W. STE 205 ST PETERSBURG, FL 337022472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500112390065</b> <b>11/19/07--01004--007 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <span style="float: right;">9.17.07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					