


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90133 022 \*\*\*\*61.25

<b>DOCUMENT # N06000010315</b> 1. Entity Name <b>MERIDIAN V AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228</b>	Mailing Address <b>595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228</b>
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-5679331</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTWICK, GEORGE GWL 7041 GRAND NATIONAL DR STE 206 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YARYMOVYCH, MICHAEL 3621 NORTH POINT RD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARNETT BARRET, PAT PO BOX 1268 MANCHESTER CENTER, VT 05255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAHM LAHM, GUNTHER 13400 SANDOVER PLACE PICKERTON, OH 43147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE W. LOTWICK 4.22.08**

Date

Daytime Phone #

**407-345  
9259**