2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N06000010315

Entity Name: MERIDIAN V AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-5679331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOTWICK, GEORGE
Address: GWL 7041 GRAND NATIONAL DR STE 206
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: YARYMOVYCH, MICHAEL
Address: 3621 NORTH POINT RD
City-St-Zip: OSPREY, FL 34229

Title: ST ( ) Delete
Name: BARNETT, PAT
Address: PO BOX 1268
City-St-Zip: MANCHESTER CENTER, VT 05255

Title: S ( ) Delete
Name: LAHM, GUNTHER
Address: 13400 SANDOVER PLACE
City-St-Zip: PICKERTON, OH 43147

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LUBER, GEORGE
Address: 3621 NORTH POINT ROAD
City-St-Zip: OSPREY, FL 34229

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: GEORGE LOTWICK P 04/10/2009

Electronic Signature of Signing Officer or Director — Date