2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000010318

1. Entity Name
MERIDIAN VI AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.

FILED
2007 OCT 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~8430 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON, FL 34202~~ 595 BAY ISLES RD. STE 200 LONGBOAT KEY, FL. 34228	~~8430 ENTERPRISE CIRCLE, SUITE 100~~ ~~BRADENTON, FL 34202~~ SAME AS PRINCIPAL PLACE OF BUSINESS

07122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
595 BAY ISLES RD	
Suite, Apt. #, etc.: STE 200	Suite, Apt. #, etc.:
City & State: LONGBOAT KEY, FL	City & State:
Zip: 34228 Country: USA	Zip: Country:

4. FEI Number: 20-5679429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERRILL, S. TODD 877 EXECUTIVE CENTER DRIVE, W, STE 205 ST PETERSBURG, FL 33702-2472	Name: BETH CALLANS MANAGEMENT CORP Street Address (P.O. Box Number is Not Acceptable): 595 BAY ISLES RD City: LONGBOAT KEY FL Zip Code: 34228

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] x [signature]
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNIGHT, TIMOTHY A 877 EXECUTIVE CENTER DRIVE W, STE 205 ST PETERSBRG, FL 337022472	☒ Delete	P Randee Rubin 3603 North Point Rd Osprey - FL - 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GLANTZ, ROBERT E 877 EXECUTIVE CENTER DRIVE W, STE 205 ST PETERSBRG, FL 337022472	☒ Delete	VP Patrick Henningan 3603 North Point Rd Osprey - FL - 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HANDLIN, JEFFREY B 877 EXECUTIVE CENTER DRIVE W, STE 205 ST PETERSBRG, FL 337022472	☒ Delete	ST Lynn Cambest 4193 Escondito Circle Samsota - FL - 34238	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS COHEN, ANN S 877 EXECUTIVE CENTER DRIVE W, STE 205 ST PETERSBRG, FL 337022472	☒ Delete	D Michael Bolton PO Box 145 Center Valley - PA - 18034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MERRILL, S. TODD 877 EXECUTIVE CENTER DRIVE W, STE 205 ST PETERSBRG, FL 337022472	☒ Delete	D George Forcier 401 North Point Rd Osprey - FL - 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	900111555479 10/31/07--01048--007 **$1.25	☐ 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: [signature] [signature] LYNN M. CAMBEST TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8.27.07 Daytime Phone #