

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011248

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MERITAGE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

48 HENDRICKS ISLE  
#302  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

40-48 HENDRICKS ISLE  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

ONE FINANCIAL PLAZA, STE 2001  
FT LAUDERDALE, FL 33394

## New Mailing Address:

ONE FINANCIAL PLAZA  
SUITE 2001  
FT LAUDERDALE, FL 33394

FEI Number: 80-0324994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHODES, MICHAEL  
C/O RHODES MANAGEMENT  
7609 DAVID RD. EXT.  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

BURGESS, DAVID  
1 FINANCIAL PLAZA  
2001  
FT. LAUDERDALE, FL 33394 US

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: DAVID BURGESS

03/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: KIRK, ROY  
Address: 2873 PEBBLE BEACH DRIVE  
City-St-Zip: ELLICOTT CITY, MD 21042 US

Title: V/D ( ) Delete  
Name: KURZON, ROBERT  
Address: 48 HENDRICKS ISLE #302  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: KIRK, GREGORY  
Address: 3022 COMFORT ROAD  
City-St-Zip: NEW HOPE, PA 18938

Title: S/D ( ) Delete  
Name: KURZON, ANDREA  
Address: 48 HENDRICKS ISLE #302  
City-St-Zip: FORT LAUDERDALE, FL 33301

## 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:

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: DAVID BURGESS

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date