

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011248

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** MERITAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

40-48 HENDRICKS ISLE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 460909  
C/O MERIDIAN REALTY MANAGEMENT  
FT LAUDERDALE, FL 33346

**New Mailing Address:**

**FEI Number:** 80-0324994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGESS, DAVID  
400 SE 12TH STREET  
BLDG C  
FT. LAUDERDALE, FL 33316 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/D  
Name: DIXON, ROY  
Address: 2873 PEBBLE BEACH DRIVE  
City-St-Zip: ELLICOTT CITY, MD 21042 US

Title: SD  
Name: KURZON, ANDREA  
Address: 48 HENDRICKS ISLE #302  
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: D  
Name: GELB, FRANK  
Address: 1314 E. LAS OLAS BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: BM  
Name: SOSNOW, GREGORY  
Address: 40 HENDRICKS ISLE #201  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: DAVID BURGESS

RA

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date