

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90083 026 ****61.25

DOCUMENT # N17090

1. Entity Name
MERIDIAN SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6971 WEST SUNRISE BLVD.
102
PLANTATION, FL 33313**

Mailing Address
**6971 WEST SUNRISE BLVD.
102
PLANTATION, FL 33313**

2. Principal Place of Business

**6971 West Sunrise Blvd
Suite, Apt. #, etc. # 103
City, State PLANTATION, FL
Zip 33313 Country**

3. Mailing Address

**6971 West Sunrise Blvd
Suite, Apt. #, etc. # 103
City, State PLANTATION, FL
Zip 33313 Country**



03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2841107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARD, BRUCE
6971 WEST SUNRISE BLVD., #102
PLANTATION, FL 33313**

7. Name and Address of New Registered Agent

Name **CHANDY, JOYCE**

Street Address (P.O. Box Number is Not Acceptable)

6971 W. SUNRISE BLVD # 103

City **PLANTATION FL**

Zip Code **33313**

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 **X Joyce Chandy** **JOYCE CHANDY, PRESIDENT, 3-8-06.**
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, 2006**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHANDY, DR. FRANCIS 6971 WEST SUNRISE BLVD #103 PLANTATION, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENTHAL, V. 6971 W SUNRISE BLVD #206 PLANTATION, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARD, BRUCE 6971 W SUNRISE BLVD #102 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHANDY, JOYCE 6971 W. SUNRISE BLVD #103 PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X Joyce Chandy** **JOYCE CHANDY** **3-8-06** **954 791 5900**
Signature and typed or printed name of signing officer or director Date Daytime Phone #