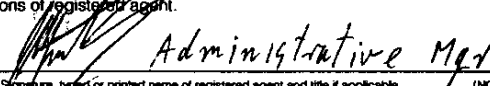
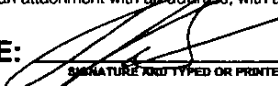


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 050 ****61.25

DOCUMENT # N17090 1. Entity Name MERIDIAN SQUARE CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 6971 WEST SUNRISE BLVD. # 103 PLANTATION, FL 33313			Mailing Address 6971 WEST SUNRISE BLVD. # 103 PLANTATION, FL 33313																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 6971 W SUNRISE BLVD		3. Mailing Address 10487 SW 49 Place																																																																																																																																																			
Suite, Apt. #, etc. # 102		Suite, Apt. #, etc. 																																																																																																																																																			
City & State PLANTATION, FL		City & State Cooper City, FL		4. FEI Number 59-2841107																																																																																																																																																	
Zip 33313		Country 		Zip 33328																																																																																																																																																	
Country 		Country 																																																																																																																																																			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For ☐ Not Applicable																																																																																																																																																		
6. Name and Address of Current Registered Agent CHANDY, JOYVE 6971 WEST SUNRISE BLVD., #103 PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name John GUNTER Street Address (P.O. Box Number is Not Acceptable) 10487 SW 49 Place City Cooper City FL Zip Code 33328																																																																																																																																																		
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  Administrative Mgr. DATE 3-13-2008 (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHANDY, DR. FRANCIS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6971 WEST SUNRISE BLVD #103 PLANTATION, FL 33313</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ROSENTHAL, V.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6971 W SUNRISE BLVD #206</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33313</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>SERRANO, LIDIA</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SERRAND, LINDA</td> <td></td> <td>NAME</td> <td>6971 W Sunrise Blvd #102</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6971 W. SUNRISE BLVD #102</td> <td></td> <td>STREET ADDRESS</td> <td>Plantation, FL 33313</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33313</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HARD, BRUCE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6971 W. SUNRISE BLVD #102</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33313</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CHANDY, DR. FRANCIS		STREET ADDRESS			CITY-ST-ZIP	6971 WEST SUNRISE BLVD #103 PLANTATION, FL 33313		CITY-ST-ZIP			TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ROSENTHAL, V.		NAME			STREET ADDRESS	6971 W SUNRISE BLVD #206		STREET ADDRESS			CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP			TITLE	P	☐ Delete	TITLE	SERRANO, LIDIA	☒ Change ☐ Addition	NAME	SERRAND, LINDA		NAME	6971 W Sunrise Blvd #102		STREET ADDRESS	6971 W. SUNRISE BLVD #102		STREET ADDRESS	Plantation, FL 33313		CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP			TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HARD, BRUCE		NAME			STREET ADDRESS	6971 W. SUNRISE BLVD #102		STREET ADDRESS			CITY-ST-ZIP	PLANTATION, FL 33313		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  LIDIA SERRANO. 3-13-08 954 648 1694 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					