2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N17090

Entity Name: MERIDIAN SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6971 WEST SUNRISE BLVD.
103
PLANTATION, FL 33313

New Principal Place of Business:

6971 WEST SUNRISE BLVD.
102
PLANTATION, FL 33313

Current Mailing Address:

10487 SW 49 PLACE
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 59-2841107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNTER, JOHN
10487 SW 49 PLACE
COOPER CITY, FL 33328 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:	SD	( ) Delete
Name:	CHANDY, DR. FRANCIS	
Address:	6971 WEST SUNRISE BLVD #103	
City-St-Zip:	PLANTATION, FL 33313	
Title:	D	( ) Delete
Name:	ROSENTHAL, V.	
Address:	6971 W SUNRISE BLVD #206	
City-St-Zip:	PLANTATION, FL 33313	
Title:	P	( ) Delete
Name:	SERRANO, LIDIA	
Address:	6971 W SUNRISE BLVD #102	
City-St-Zip:	PLANTATION, FL 33313	
Title:	VP	( ) Delete
Name:	HARD, BRUCE	
Address:	6971 W. SUNRISE BLVD #102	
City-St-Zip:	PLANTATION, FL 33313	

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: LIDIA SERRANO P 01/05/2009

Electronic Signature of Signing Officer or Director — Date