2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 14, 2006 8:00 am
Secretary of State
05-01-2006 90315 050 ****61.25

DOCUMENT # N28528

1. Entity Name
MERIDIEN CONDOMINIUM ASSOCIATION OF GAINESVILLE, INC.

66018960

Principal Place of Business	Mailing Address
901 NW 8TH AVE STE D-5 GAINESVILLE, FL 32601 US	901 NW 8TH AVE STE B-6 GAINESVILLE, FL 32601 US

02142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2990976
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILBER, SAUL
2130 NW 24 AVE
GAINESVILLE, FL 32605

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SILBER, SAUL
STREET ADDRESS	2130 NW 24 AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VD
NAME	BEHMORAS, ALAN
STREET ADDRESS	1300 ALTON RD # 8-B
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	SILBER, NETTY
STREET ADDRESS	2130 NW 24 AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #