


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # N28528**  
 1. Entity Name  
**MERIDIEN CONDOMINIUM ASSOCIATION OF GAINESVILLE, INC.** *Condo Acct*



Principal Place of Business  
**% SAUL SILBER PROPERTIES**  
**3434 SW 24TH AVE. SUITE A**  
**GAINESVILLE, FL 32607 US**

Mailing Address  
**% SAUL SILBER PROPERTIES**  
**3434 SW 24TH AVE. SUITE A**  
**GAINESVILLE, FL 32607 US**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SILBER, SAUL 2130 NW 24 AVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEHMORAS, ALAN 1300 ALTON RD # 8-B MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBER, NETTY 2130 NW 24 AVE GAINESVILLE, FL 32605
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 04/25/07-80006-025 61.25

**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:** *Saul Silber* **352/338 1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #