## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # N479	00 (8)			
900 MERIDIAN CONDOMINIUM	ASSOCIATION, INC.			
Principal Place of Business Mailing Address				
900 MERIDIAN AVE 1020 MERIDIAN AVE MIAMI BEACH FL 33139 APT 810				
	MIAMI BEACH FL 33139		<ol> <li>Date Incorporated or Qualified 03/16/1992</li> </ol>	3a. Date of Last Report 03/20/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0355943	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country  24 25	Zip 30	Country	This corporation has liability for in Florida Statutes	Yes No
9. Name and Address of Cu	11		10. Name and Address of New Re	gistered Agent
ELLIS, CARLISLE 1020 MERIDIAN AVE APT 810 MIAMI BEACH FL 33139		<ul><li>81 Name</li><li>82 Street Addr</li><li>83</li></ul>	ress (P.O. Box Number is Not Acceptable	o)
		84 City	ration submits this statement for the num	FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-harmed corporation's statement of the purpose of changing at registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if a pleasure (NOTE Re	egistered Agent signature re	DATE DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS'CHANGES TO OFFICE RS AND DIRECTORS IN 12  Change Addition
TITLE	PD DELETE	1.1 TITLE	
NAME	DANNEMILLER, NICHOLAS	1.2 NAME	33)39 CBSE D Addition C
STREET ADDRESS	900 MERIDIAN AVENUE, #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY - ST - ZIP	33139
TITLE	TD DELETE	21 THILE	) 1)
NAME	ELLIS, CARLISLE	2 2 NAME	ELLIS, CARLISLE
STREET ADDRESS	1020 MERIDIAN AVE	2 3 STREET ADDRESS	1020 MEELDIAC 1
CITY-ST-ZIP	NAPLES FL	2 4 C(TY-ST-Z)F	MIAMI BEACH, FL 33139
TITLE	SD DELETE	31 TITLE .	Change Addition
NAME	AGUIAR, ANNA	3.2 NAME	
STREET ADDRESS	900 MERIDIAN AVE #204	3 3 STREET ADDRESS	22.20
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY-S1-ZIP	merrer, Kenneth Change Addition
TITLE	MERKER, KENNETH DELETE	4 1 TATLE	
NAME	QUY MERIDIAN AVTZ	4. 2 NAME	944 MERIDIAN AV #2
STREET ADDRESS	MIAMI BEACH, FL 33139	4.3 STREET ADDRESS	minmi BEACH, FL 33139
CITY - \$1 - ZIP	VICE - PRESIDENT	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	DELETE	5 1 THLE	
NAME		5.2 NAME	600001755156 -03/22/9601111038
STREET ADDRESS		5 3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY - \$1 - ZIP	
TITLE	DELETE	6 1 TITLE	Change Change
NAME		62 NAME	
STREET ADDRESS		6.3 STHEFT ADDRESS	
CiTV.ST.7IP		6.4 CITY - \$1 - ZIP	<u></u>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CAKE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLISLE ELLIS

534-5614