1/14/00-90064-002-$80.00-$80.00

DOCUMENT # N47900

1. Entity Name

900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.

FILED
00 MAR 20 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
900 MERIDIAN AVE MIAMI BEACH FL 33139	1020 MERIDIAN AVE APT 810 MIAMI BEACH FL 33139-8336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	900 MERIDIAN AVE #101
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT #101
City & State	City & State MIAMI BEACH, FL
Zip / Country	Zip 33139 / Country DADE

4. FEI Number 65-0355943 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, CARLISLE 1020 MERIDIAN AVE APT 810 MIAMI BEACH FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRECHETTE, SHAWN 900 MERIDIAN AVE SUITE 103 MIAMI BEACH FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT Director ROB FUQUA 900 MERIDIAN AVE #101 MIAMI BEACH, FL 33139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELLIS, CARLISLE 1020 MERIDIAN AVE #810 MIAMI BEACH FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AGUIAR, ANNA 900 MERIDIAN AVE #204 MIAMI BEACH FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~GARY~~ ~~SA~~ SECRETARY GARY SAMPLE Director 912 Tangier ST. Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP EVANS, RANDALL Director 900 MERIDIAN AVE #109 MIAMI BEACH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUFFER, CATHIE 3670 POINCIANA AVE COCONUT GROVE FL 33133 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BOARD OF DIRECTORS~~ ~~ADAM RODRIGUEZ~~ ~~900 MERIDIAN AVE #104~~ ~~MIAMI BEACH, FL 33139~~ VOID THIS NAME ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E017 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TREASURER

SIGNATURE: Carlisle Ellis, JAN 8, 2000 305-534-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #