2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2003

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N47900

1. Entity Name
900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 MERIDIAN AVE MIAMI BEACH, FL 33139	P.O. BOX 402336 MIAMI BEACH, FL 33140

02282005 No Chg-NP CR2E037 (10/03)

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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

BENNETT, JOAN
518 NE 72 STREET
MIAMI, FL 33138

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHIRCU, RAZVAN
STREET ADDRESS	900 MERIDIAN AVE, UNIT 212
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	CRUZ, JESSICA
STREET ADDRESS	900 MERIDIAN AVE, UNIT 105
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	PSD
NAME	DETRICK, BRIAN
STREET ADDRESS	900 MERIDIAN AVE, UNIT 204
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	LLOYD, CRISTINA
STREET ADDRESS	900 MERIDIAN AVE, UNIT 110
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TD
NAME	MOFFETT, CHERYL
STREET ADDRESS	12330 SW 95 TER
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/05-80049-002 61.25

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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.

SIGNATURE: _____ 3/28/05 305-532-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #