## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 03, 2009 DOCUMENT# N47900 Secretary of State

Entity Name: 900 MERIDIAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

900 MERIDIAN AVE MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

C/O SOUTH BEACH PROPERTY MANAGEMENT LLC C/O BEACHWAY PROPERTY MANAGEMENT PO BOX 190503

PO BOX 398718 MIAMI BEACH, FL 33119 MIAMI BEACH, FL 33239

FEI Number: 65-0355943 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIAN D. SMITH, ESQ. 420 LINCOLN RÓAD SUITE 372 MIAMI BEACH, FL 33139 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

DETRICK, BRIAN MAFDALI, VALERIE Name: Name: Address: 900 MERIDIAN AVE, UNIT 204 Address: 241 POINCIANA ISLAND DRIVE #501

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete Title: () Change () Addition Name: MERKER, KENNETH Name:

Address: 7505 SW 58TH AVENUE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

FORNABIA, MELISSA Name: FORNABIA, MELISSA Name: 900 MERIDIAN AVENUE #105 Address: Address: 1415 SE 1ST STREET

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE MAFDALI Ρ 09/03/2009