

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48355

FILED
Mar 11, 2009
Secretary of State

Entity Name: MERIDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

990 CAPE MARCO DR
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

PO BOX 2397
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 65-0325151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, TONY
601 ELKCAM B-7
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WATERBURY, SALLY
Address: 990 CAPE MARCO DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: STREISEL, ROBERT
Address: 990 CAPE MARCO DR 601
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: CONSOLO, EUGENE
Address: 940 CAPE MARCO DR 401
City-St-Zip: MARCO ISLAND, FL 34145

Title: DP () Delete
Name: LANE, JOSEPH P
Address: 990 CAPE MARCO DR.
City-St-Zip: MARCO ISLAND, FL 33937

Title: D () Delete
Name: GITTO, RON
Address: 990 CAPE MARKO DR
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: WATERBURY, SALLY
Address: 990 CAPE MARCO DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: O (X) Change () Addition
Name: STREISEL, ROBERT
Address: 990 CAPE MARCO DR 601
City-St-Zip: MARCO ISLAND, FL 34145

Title: O (X) Change () Addition
Name: CONSOLO, EUGENE
Address: 940 CAPE MARCO DR 401
City-St-Zip: MARCO ISLAND, FL 34145

Title: O (X) Change () Addition
Name: LANE, JOSEPH P
Address: 990 CAPE MARCO DR.
City-St-Zip: MARCO ISLAND, FL 33937

Title: D (X) Change () Addition
Name: FELDMANN, RON
Address: 990 CAPE MARKO DR
City-St-Zip: MARCO ISLAND, FL 34145

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: TONY ANDRADE

RA

03/11/2009

Electronic Signature of Signing Officer or Director

Date