

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002701

FILED
Apr 30, 2009
Secretary of State

Entity Name: MERIDIAN PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

325 MERIDIAN AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 190239
MIAMI BEACH, FL 33119 US

New Mailing Address:

C/O BLUELEAF MANAGEMENT
P.O BOX 190239
MIAMI BEACH, FL 33119 US

FEI Number: 65-0510555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE LEAF MANAGEMENT
601 COLLINS AVENUE
SUITE A
MIAMI BEACH, FL 33139 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: PD () Delete
Name: CREMEDES, GUAL
Address: 325 MERIDIAN PLACE #11
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KLEINMAN, REBECCA
Address: 325 MERIDIAN PLACE #18
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP () Delete
Name: HOOPER, JULIE
Address: 325 MERIDIAN AVE #17
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S () Delete
Name: SEBASTIAN, TAROLLO
Address: 325 MERIDIAN AVENUE # 05
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: BRAD, SELDIN
Address: 325 MERIDIAN AVENUE # 10
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAD, SELDIN
Address: 325 MERIDIAN PLACE #10
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DANNA, GRODIN
Address: 325 MERIDIAN AVENUE # 14
City-St-Zip: MIAMI BEACH, FL 33139

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: BRAD SELDIN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date