

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000574

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** MERIDIAN AT THE OAKS PRESERVE COMMONS MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES ROAD SUITE 200  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES ROAD SUITE 200  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 65-0924729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES ROAD  
SUITE 200  
LONGBOAT KEY, FL 34228 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  
Name: ANDERSON, STEVE  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V  
Name: BISTANY, YOLANDA  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S  
Name: HOERMANN, LUCY  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T  
Name: SCHROEDER, RON  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: LAHM, GUNTER  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: FOX, JIM  
Address: 595 BAY ISLES ROAD SUITE 200  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: STEVE ANDERSON

P

03/29/2010

Electronic Signature of Signing Officer or Director

Date