

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000584					
1. Entity Name MERIDIAN I AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 395 N. POINT RD QSPREY, FL 34229			Mailing Address C/O BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD, STE # 200 LONGBOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0942958	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
BETH CALLANS MANAGEMENT CORP 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME DICIANNI, NICHOLAS STREET ADDRESS 595 BAY ISLES RD, STE # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000707432 04/24/07-80072-021 61.25	
TITLE VPT NAME SCITURRO, SAM STREET ADDRESS 595 BAY ISLES RD, STE # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME COYNE, NANCY STREET ADDRESS 595 BAY ISLES RD, STE# 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RINGWOOD, RICHARD STREET ADDRESS 595 BAY ISLES RD, STE # 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WARD, TOM STREET ADDRESS 595 BAY ILSED RD, STE 200 CITY-ST-ZIP LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/13/07 Daytime Phone #		