2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N99000000584

Entity Name: MERIDIAN I AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

385 N. POINT RD
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

C/O BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD, STE # 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0942958 **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 RD STE 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: P ( ) Delete
Name: HOERMANN, LUCY
Address: 595 BAY ISLES RD, STE. 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPT ( ) Delete
Name: SCITURRO, SAM
Address: 595 BAY ISLES RD, STE # 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: RINGWOOD, RICHARD
Address: 595 BAY ISLES RD, STE # 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Delete
Name: WARD, TOM
Address: 595 BAY ILSED RD, STE 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOERMANN, LUCY
Address: 595 BAY ISLES RD, STE. 200
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

Title: P (X) Change ( ) Addition
Name: WARD, TOM
Address: 595 BAY ILSED RD, STE 200
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D ( ) Change (X) Addition
Name: SEEGER, KENNETH
Address: 595 BAY ISLES ROAD STE. 200
City-St-Zip: LONGBOAT KEY, FL 34228

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: TOM WARD P 04/10/2009

Electronic Signature of Signing Officer or Director — Date