2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N99000001837

Entity Name: MERIDIAN ON SAND KEY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1200 GULF BOULEVARD
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1200 GULF BOULEVARD
CLEARWATER, FL 33767

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

FEI Number: 59-3582123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHARDT, DEBRA
7300 PARK ST.
SEMINOLE, FL 33777 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: TARSIN, ROBERT
Address: 1200 GULF BLVD 706
City-St-Zip: CLEARWATER, FL 33767

Title: SD ( ) Delete
Name: STRENSKI, JIM
Address: 1200 GULF BLVD. #1205
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: POST, GEORGE
Address: 1200 GULF BLVD #1502
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TD ( ) Delete
Name: WINCHESTER, GAIL
Address: 1200 GULF BOULEVARD #502
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VD ( ) Delete
Name: INFANTE, DONALD
Address: 1200 GULF BLVD. #1604
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: ARTZ, HARRY
Address: 1200 GULF BLVD. #2005
City-St-Zip: CLEARWATER, FL 33767

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

Title: S (X) Change ( ) Addition
Name: WINCHESTER, GAIL
Address: 1200 GULF BOULEVARD #502
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP (X) Change ( ) Addition
Name: INFANTE, DONALD
Address: 1200 GULF BLVD. #1604
City-St-Zip: CLEARWATER, FL 33767

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: ROBERT TARSIN P 04/08/2009

Electronic Signature of Signing Officer or Director — Date