2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State
04-28-2008 90365 040 ****61.25

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1. Entity Name
MERIDIAN II AT THE OAKS PRESERVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
393 N. POINTE RD OSPREY, FL 34229	595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228

04092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0978357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD #200 LONGBOAT KEY, FL 34228	Name Street Address (P.O. Box Number is Not Acceptable) City **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 [signature] on behalf of Meridian II at the Oaks Preserve 4/18/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR ☐ Delete THOMSEN, JOHN 393 NORTH POINT RD #903 OSPREY, FL 34229	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY ☐ Delete HARRISON, BONNIE 393 N. POINT DR #601 OSPREY, FL 34229	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT ☐ Delete SCHROEDER, RON 393 N. POINT DR. #504 OSPREY, FL 34229	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREASURER ☐ Delete FERRUCCI, PETER 393 NORTH POINT RD #503 OSPREY, FL 34229	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☒ Delete NOWITZ, WENDY 393 N POINT RD #1002 OSPREY, FL 34229	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SANDI TOBIAS 393 N POINT RD, #502 OSPREY FL. 34229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] Peter Ferrucci, Director 941-966-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/21/08 Daytime Phone #