

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90041 008 ****61.25

DOCUMENT # 749110

1. Entity Name

MORNINGSIDE EAST, INC.



Principal Place of Business

SEABOARD ARBORS MANAGEMENT SERVICES
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765
US

Mailing Address

SEABOARD ARBORS MANAGEMENT SERVICES
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-1949441

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

LEIGHTON, LENNARD A
SEABOARD ARBORS MANAGEMENT SERVICES
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: D
NAME: ANDERSON, ROBERT
STREET ADDRESS: 1101 FLUSHING AVE
CITY-ST-ZIP: CLEARWATER FL 33764 Delete

TITLE: TD
NAME: LINDA JANSSEN
STREET ADDRESS: 9525 BLIND PASS RD. 801
CITY-ST-ZIP: ST. PETERSBURG FL 33706 Change Addition

TITLE: TD
NAME: MALMSTROM, KEN
STREET ADDRESS: 1917 PINEHURST DRIVE
CITY-ST-ZIP: CLEARWATER FL 33763 Delete

TITLE: VD
NAME: DONALD JANSSEN
STREET ADDRESS: 9525 BLIND PASS RD. 801
CITY-ST-ZIP: ST. PETERSBURG FL 33706 Change Addition

TITLE: PD
NAME: BASSOLINO, MARY
STREET ADDRESS: 1210 ALAMEDA AVE.
CITY-ST-ZIP: CLEARWATER FL 33759 Delete

TITLE: [Signature]
NAME: [Signature]
STREET ADDRESS: [Signature]
CITY-ST-ZIP: [Signature] Change Addition

TITLE: SD
NAME: ORTIZ, NELSON
STREET ADDRESS: 217 COUNTRYSIDE KEY BLVD
CITY-ST-ZIP: OLDSMAR FL 34677 Delete

TITLE: [Signature]
NAME: [Signature]
STREET ADDRESS: [Signature]
CITY-ST-ZIP: [Signature] Change Addition

TITLE: VD
NAME: JAHREN, JERRY
STREET ADDRESS: 17715 GULF BLVD, #911
CITY-ST-ZIP: SAINT PETERSBURG FL 33708 Delete

TITLE: D
NAME: [Signature]
STREET ADDRESS: [Signature]
CITY-ST-ZIP: [Signature] Change Addition

TITLE: [Signature]
NAME: [Signature]
STREET ADDRESS: [Signature]
CITY-ST-ZIP: [Signature] Delete

TITLE: [Signature]
NAME: [Signature]
STREET ADDRESS: [Signature]
CITY-ST-ZIP: [Signature] Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 726-2625

Date

Daytime Phone #