

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749110

FILED
Jan 28, 2009
Secretary of State

Entity Name: MORNINGSIDE EAST, INC.

Current Principal Place of Business:

SEABOARD ARBORS MGMT SVCS
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MGMT SVCS
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-1949441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
SEABOARD ARBORS MGMT SVCS
2189 CLEVELAND STREET SUITE 225
CLEARWATER, FL 33765 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: VD () Delete
Name: AYO, ANDY
Address: PO BOX 5244
City-St-Zip: TAMPA, FL 33675

Title: STD () Delete
Name: BASSOLINO, MARY
Address: 1210 ALAMEDA AVE.
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: AL-QASEM, MOHAMMED
Address: 10337 GOLDENBROOK WAY
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: BARNETT, FLOYD
Address: 2339 CHARLES DR
City-St-Zip: CLEARWATER, FL 33764

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BARNETT, FLOYD
Address: 2339 CHARLES DR
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Change (X) Addition
Name: HOPKINS, CHARLES
Address: 2500 HARN BLVD, #E07
City-St-Zip: CLEARWATER, FL 33764

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: CHARLES HOPKINS

P

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date