

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR 24 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765557 (4)

1. Corporation Name  
**CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, I NC.**

Principal Place of Business Mailing Address

P.O. BOX 10087 P.O. BOX 10067  
P O BOX 10067 BRADENTON FL 34282  
BRADENTON FL 34282 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/26/1982 03/29/1994

4. FEI Number Applied For / Not Applicable

59-2254613

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**WAGNER PROPERTY MANAGEMENT  
4400 EL CONQUISTADOR PKWY  
STE #13  
BRADENTON FL 34282**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BARRESE, PAUL
STREET ADDRESS	2927 64TH ST. W.
CITY - ST - ZIP	BRADENTON FL
TITLE	DS
NAME	NICOL, WILLIAM.
STREET ADDRESS	1001 3RD AVE W
CITY - ST - ZIP	BRADENTON FL
TITLE	PD
NAME	DAVIS, BETH
STREET ADDRESS	608 47TH ST W
CITY - ST - ZIP	BRADENTON FL
TITLE	TD
NAME	ALLEN, RONALD J.
STREET ADDRESS	1001 3RD AVE W
CITY - ST - ZIP	BRADENTON FL
TITLE	D
NAME	HENESSEY, TERRIE
STREET ADDRESS	1001 3RD AVE W
CITY - ST - ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elysebeth Davis* 4114195 813-758-9224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #