

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765557 (4)**

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



Principal Place of Business		Mailing Address	
P.O. BOX 10067 P O BOX 10067 BRADENTON FL 34262 US		P.O. BOX 10067 BRADENTON FL 34262 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	10/26/1982	
4. FEI Number	59-2254613	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*HARMONY*  
**WASHER PROPERTY MANAGEMENT, INC.**  
**4400 EL CONQUISTADOR PKWY**  
**STE #13**  
**BRADENTON FL 34262**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRESE, PAUL</b>	
STREET ADDRESS	<b>2927 64TH ST. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, BETH</b>	
STREET ADDRESS	<b>7008 19TH AVE DR WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRITAIN, DON</b>	
STREET ADDRESS	<b>2923-63RD STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MUENE, CHARLES E</b>	
STREET ADDRESS	<b>2909 64TH STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACKS, HARRY</b>	
STREET ADDRESS	<b>2910 61ST STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Greta Trigon</b>	
2.3 STREET ADDRESS	<b>2918-60 ST. W.</b>	
2.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34209</b>	
3.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Diane Colmorgen</b>	
3.3 STREET ADDRESS	<b>2917-63 ST. W.</b>	
3.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34209</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Fred Burns</b>	
5.3 STREET ADDRESS	<b>2927-63 ST W.</b>	
5.4 CITY-ST-ZIP	<b>Bradenton, Fl. 34209</b>	
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 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 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: *Fred Burns* 4-16-98 941-758-9624

CR2E037 (10/97)