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Apr 26, 1999 8:00 am
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04-26-1999 90206 028 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765557

1. Corporation Name

CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 10067
BRADENTON FL 34282
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2254613	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
Country		Country		25	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

Harmony Management

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 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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	Harriet Smith - D
NAME	BARRESE, PAUL	1.2 NAME	2901-62 ST.W.
STREET ADDRESS	2927 64TH ST. W.	1.3 STREET ADDRESS	Bradenton, FL 34209
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Laurene Brister - D
NAME	TRIGONY, GRETA	2.2 NAME	2901-63 ST.W.
STREET ADDRESS	2918-60 ST W	2.3 STREET ADDRESS	Bradenton, FL 34209
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	Holly Deal - D
NAME	COLMORGEN, DIANE	3.2 NAME	2913-63 ST.W.
STREET ADDRESS	2917-63 ST W	3.3 STREET ADDRESS	Bradenton, FL 34209
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Lew Burns - D
NAME	MUENE, CHARLES E	4.2 NAME	2927-63 ST.W.
STREET ADDRESS	2909 64TH STREET WEST	4.3 STREET ADDRESS	Bradenton, FL 34209
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	John Siebert - D
NAME	BURNS, FRED	5.2 NAME	2931-63 ST.W.
STREET ADDRESS	2927-63 ST W	5.3 STREET ADDRESS	Bradenton, FL 34209
CITY-ST-ZIP	BRADENTON FL 34209	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

941-758-9624

Daytime Phone #

CR2E037 (11/98)