

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90094 024 ****61.25

DOCUMENT # 765557

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, I NC.

Principal Place of Business

Mailing Address

**DELCOR MGMT.
 310 PEARL AVENUE
 SARASOTA FL 34243
 US**

**DELCOR MGMT.
 310 PEARL AVENUE
 SARASOTA FL 34243
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2254613

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELCOR MANAGEMENT, INC
 310 PEARL AVENUE
 SARASOTA FL 34243**

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRISTER, LAURENE	
STREET ADDRESS	2401 63 STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEBERT, JOHN	
STREET ADDRESS	2931 63 STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, JAMES	
STREET ADDRESS	2913 60TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUENE, CHARLES E	
STREET ADDRESS	2909 64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRESE, PAUL	
STREET ADDRESS	2927 64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRITTAIN, DONALD	
STREET ADDRESS	2923 63 STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Letterman	
STREET ADDRESS	2906-62 STW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donald Brittain Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 **(941) 792-6954**
 Date Daytime Phone #

CR2E037 (9/01)