


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90666 040 \*\*\*\*61.25

<b>DOCUMENT # 765557</b>					
1. Entity Name <b>CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.</b>					
Principal Place of Business <b>DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US</b>			Mailing Address <b>DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US</b>		
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 <b>59-2254613</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DELCOR MANAGEMENT, INC 310 PEARL AVENUE SARASOTA, FL 34243</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LOCKWOOD, KATHERINE</b>		NAME		
STREET ADDRESS	<b>2915 64TH ST. W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>EMERY, CLINT</b>		NAME		
STREET ADDRESS	<b>2923 60TH ST. W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZUCKER, JAMES</b>		NAME		
STREET ADDRESS	<b>2903 63RD ST. W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MUENE, CHARLES E</b>		NAME		
STREET ADDRESS	<b>2909 64TH STREET WEST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LETTERMAN, DAVID</b>		NAME		
STREET ADDRESS	<b>2906 - 6251 W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Katherine Lockwood (President)</i>			4/27/04		941-358-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #