


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 002 ****61.25

DOCUMENT # 765557							
1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.							
Principal Place of Business DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US			Mailing Address DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DELLCOR 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	Delete <input type="checkbox"/>		TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	LOCKWOOD, KATHERINE			NAME	HAND, JOHN		
STREET ADDRESS	2915 64TH ST. W.			STREET ADDRESS	2927 63RD ST. W.		
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	T	Delete <input checked="" type="checkbox"/>		TITLE	D	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	CIARNEILLO, CAROL			NAME	BARRESE, PAUL		
STREET ADDRESS	2902 61ST STREET WEST			STREET ADDRESS	2927 64TH ST. W.		
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP	BRADENTON, FL 34209		
TITLE	D	Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	HORNER, JAMES			NAME			
STREET ADDRESS	2913 60TH STREET W			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	LETTERMAN, DAVID			NAME			
STREET ADDRESS	2906 62ND STREET WEST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	FORRESTER, LINDA			NAME			
STREET ADDRESS	2927 60TH STREET WEST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. KATHERINE LOCKWOOD							
SIGNATURE: <i>Katherine Lockwood</i> Date: <i>April 13'07</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2254613 Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

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SIGNATURE: *Katherine Lockwood* Date: *April 13'07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR