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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90191 044 ****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	4. FEI Number 59-2254613			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)							
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKWOOD, KATHERINE			NAME			
STREET ADDRESS	2915 64TH ST. W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAND, JOHN			NAME			
STREET ADDRESS	2927 63RD ST W.			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORNER, JAMES			NAME			
STREET ADDRESS	2913 60TH STREET W			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LETTERMAN, DAVID			NAME			
STREET ADDRESS	2906 62ND STREET WEST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FORRESTER, LINDA			NAME	SD SCHWAB, VERA		
STREET ADDRESS	2927 60TH STREET WEST			STREET ADDRESS	2920 64th St. W.		
CITY-ST-ZIP	BRADENTON, FL 34209			CITY-ST-ZIP	BRADENTON FL 34209		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRESE, PAUL			NAME			
STREET ADDRESS	2927 64TH ST. W			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34209			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.							
SIGNATURE: <i>Katherine Lockwood</i>				4/28/08 941-358-3366			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			