


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 048 ****61.25

DOCUMENT # N03829 1. Entity Name MORNINGSTAR AT DELRAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5884 MORNINGSTAR CIRCLE APARTMENT 304 DELRAY BEACH, FL 33484		Mailing Address 6401 CONGRESS AVE- STE 140 C/O LIPPMAN & LIPPMAN BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 1200 S Rogers Circle Suite, Apt. #, etc. Ste 3		3. Mailing Address 1200 S Rogers Circle Suite, Apt. #, etc. Ste 3	
City & State Boca Raton FL		City & State Boca Raton	
Zip 33487	Country	Zip 33487	Country
6. Name and Address of Current Registered Agent LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Karen Lippman Street Address (P.O. Box Number is Not Acceptable) 1200 S. Rogers Circle Ste # 3 City Boca Raton FL Zip Code 33487	
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 <u><i>Karen Lippman</i></u> DATE <u>4/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLADSTONE, NATALIE 5884 MORNINGSTAR, # 205 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Cartagena, Stephen 5884 Morningstar Circle # 303 Delray Beach FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINFELD, CAROL 5884 MORNINGSTAR, # 206 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINFELD, CAROL 5884 MORNINGSTAR CIR #206 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERMANN, INGA 5884 MORNINGSTAR, # 104 DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u><i>Natalie Gladstone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/12/08</u> Daytime Phone #: <u>5616381200</u>	

NATALIE GLADSTONE