

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765557

**FILED  
Jun 30, 2020  
Secretary of State  
7178148995CC**

**Entity Name:** CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.

**Current Principal Place of Business:**

DELLCOR MGMT.  
310 PEARL AVENUE  
SARASOTA, FL 34243

**Current Mailing Address:**

DELLCOR MGMT.  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

**FEI Number: 59-2254613**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DELLCOR MANAGEMENT, INC  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           SCHOCH, JERI  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title           S  
Name           FORRESTER, LINDA  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title           PRESIDENT  
Name           EMERY, CLINT  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title           TREASURER  
Name           SCHILLER, VALERIE  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title           DIRECTOR  
Name           GALLAGHER, PATRICK  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title           DIRECTOR  
Name           BRAZILE, ANITA  
Address        DELLCOR MGMT.  
                  310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CLINT EMERY**

**PRESIDENT**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date