

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717381 (8)**

1. Corporation Name  
**MORNINGSIDE CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>27 NE 56TH STREET MIAMI FL 33137-2622</b>	Mailing Address <b>527 NE 56TH STREET MIAMI FL 33137-2622</b>
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3. Date Incorporated or Qualified <b>10/20/1969</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0134085</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**ROBERTSON, NEIL P  
25 SE SECOND AVE.  
600 INGERHAM BLDG.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEADOWS, GAIL	
STREET ADDRESS	5731 NE 8TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MULLALLY, PIERCE	
STREET ADDRESS	479 NE 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAIER, OTTO	
STREET ADDRESS	5901 NE 6TH COURT	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOPPER, WILLIAM	
STREET ADDRESS	527 NE 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMASSINI, IRENE	
STREET ADDRESS	630 NE 50TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAEFER, NORAH	
STREET ADDRESS	598 NE 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hopper, William E.	
1.3 STREET ADDRESS	527 NE 56th Street	
1.4 CITY-ST-ZIP	Miami, FL 33137	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Meadows, Gail	
2.3 STREET ADDRESS	5731 NE 6th Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33137	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Caace, Janice	
3.3 STREET ADDRESS	527 NE 57th Street	
3.4 CITY-ST-ZIP	Miami, FL 33137	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mullally, Pierce H.	
4.3 STREET ADDRESS	479 NE 56th Street	
4.4 CITY-ST-ZIP	Miami, FL 33137	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hlas, Thomas	
5.3 STREET ADDRESS	500 NE 50th Terrace	
5.4 CITY-ST-ZIP	Miami, FL 33137	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Hopper William E. Hopper May 4, 1998 (305) 626-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028128

CR2E037 (10/97)