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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 717381

1. Corporation Name

MORNINGSIDE CIVIC ASSOCIATION, INC.

Principal Place of Business

527 NE 56TH STREET
 MIAMI FL 33137-2622

Mailing Address

527 NE 56TH STREET
 MIAMI FL 33137-2622



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/20/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0134085

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME HOPPER, W E
 STREET ADDRESS 527 NE 56TH ST
 CITY-ST-ZIP MIAMI FL 33137

1.1 TITLE D Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VP DELETE
 NAME MEADOWS, G
 STREET ADDRESS 5731 NE 6TH AVE
 CITY-ST-ZIP MIAMI FL 33137

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S DELETE
 NAME CACE, J
 STREET ADDRESS 527 NE 57TYH ST
 CITY-ST-ZIP MIAMI FL 33137

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS Cacace, Janice
 527 NE 57th St
 3.4 CITY-ST-ZIP

TITLE T DELETE
 NAME MULLALLY, P H
 STREET ADDRESS 479 NE 56TH ST
 CITY-ST-ZIP MIAMI FL 33137

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME HLAS, T
 STREET ADDRESS 500 NE 50TH TERR
 CITY-ST-ZIP MIAMI FL 33137

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME SCHAEFER, NORAH
 STREET ADDRESS 598 NE 56TH STREET
 CITY-ST-ZIP MIAMI FL 33137

6.1 TITLE PD Change Addition
 6.2 NAME McCoy, Patrick
 6.3 STREET ADDRESS 679 NE 58th St.
 6.4 CITY-ST-ZIP Miami, FL 33137

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, with all other like empowered.

SIGNATURE: *William E. Hopper* William E. Hopper 4/11/99 (305) 626-3701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)