

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2008
Secretary of State**

DOCUMENT# 717381

Entity Name: MORNINGSIDE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

527 NE 56TH STREET
MIAMI, FL 331372622

New Principal Place of Business:

Current Mailing Address:

527 NE 56TH STREET
MIAMI, FL 331372622

New Mailing Address:

FEI Number: 65-0134085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPER, WILLIAM E
527 NE 56TH STREET
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOPPER, WILLIAM E
Address: 527 NE 56TH STREET
City-St-Zip: MIAMI, FL 33137

Title: VD () Delete
Name: CRUZ, ELVIS
Address: 631 NE 57TH STREET
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: MCNAMARA, DAMIAN
Address: 630 NE 55TH STREET
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: PARSONS, RACHEL
Address: 670 NE 59TH STREET
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: PARDON, SHIRLEY
Address: 5600 NW 5TH AVENUE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SASTRE, MICHAEL
Address: 602 NE 59TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEDEN, RICHARD
Address: 5600 NE 6TH AVENUE
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E. HOPPER

PRES

02/17/2008

Electronic Signature of Signing Officer or Director

_____ Date