

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 717381

FILED  
Feb 17, 2003  
Secretary of State

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 (X)

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

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

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

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

02/17/2003

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALONSO, ROD  
Address: 451 NE 53RD STREET  
City-St-Zip: MIAMI, FL 33137

Title: VD ( ) Delete  
Name: SCHAELLING, MICHAEL  
Address: 5975 NE 6TH COURT  
City-St-Zip: MIAMI, FL 33137

Title: SD ( ) Delete  
Name: HOPPER, WILLIAM  
Address: 527 NE 56TH 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: SCHAEFER, NORAH  
Address: 598 NE 56TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete  
Name: FOEHRENBACH, MARY  
Address: 655 NE 55TH TERRACE  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: WING, COLLEEN  
Address: 5911 NE 6TH AVENUE  
City-St-Zip: MIAMI, FL 33137

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

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

Title: D (X) Change ( ) Addition  
Name: MEADOWS, GAIL  
Address: 5731 NE 6TH AVENUE  
City-St-Zip: MIAMI, FL 33137

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SD

02/17/2003

\_\_\_\_\_  
Date