4/12/95 A-3489

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:06

DOCUMENT # **728243** **(7)**

1. Corporation Name

MORNINGSIDE MEADOWS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
1045 CHINABERRY ROAD CLEARWATER,F L 34624	1045 CHINABERRY ROAD CLEARWATER,F L 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2878567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 5182
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Clearwater FL
24 Zip / 25 Country	29 34618 / 30 USA

9. Name and Address of Current Registered Agent

~~REGULSKI, JAN~~
~~1045 CHINABERRY RD~~
~~CLEARWATER FL 34624~~

10. Name and Address of New Registered Agent

81 Name: PAULINE POLLIO
82 Street Address (P.O. Box Number is Not Acceptable): 1329 WILLIAMS DRIVE
83: C
84 City: CLEARWATER FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Pauline Pollio, President — 4/7/95
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~~	11 TITLE	~~PRESIDENT~~ PD	☒ Change ☐ Addition
NAME	~~REGULSKI, JAN~~	12 NAME	POLLIO, PAULINE	
STREET ADDRESS	~~1045 CHINABERRY RD.~~	13 STREET ADDRESS	1329 WILLIAMS DRIVE	
CITY-ST-ZIP	CLEARWATER,F L 00000	14 CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	~~TD~~	21 TITLE	TD	☒ Change ☐ Addition
NAME	~~BENEDICT, MICHAEL J.~~	22 NAME	Shelley Brooks	
STREET ADDRESS	~~1106 FLUSHING AVE~~	23 STREET ADDRESS	2445 Summerlin Drive	
CITY-ST-ZIP	~~CLEARWATER,F L 00000~~	24 CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MARLOW, NOREEN	32 NAME		
STREET ADDRESS	1315 RANCHWOOD	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Pauline Pollio, President — 4/7/95 — 813-530-9634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

PAULINE POLLIO

000434