FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 728243 (7)

1. Corporation Name

MORNINGSIDE-MEADOWS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
1045 CHINABERRY ROAD CLEARWATER,F L 34624	P O BOX 5182 CLEARWATER,F L 34618 US

3. Date Incorporated or Qualified: 01/14/1974

3a. Date of Last Report: 04/12/1995

2. Principal Place of Business
21 2436 Glenann Dr
22 Suite, Apt. #, etc.
23 City & State: Clearwater Fl
24 Zip: 34624 25 Country: U.S.

2a. Mailing Address
26 Same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POLLIO, PAULINE
1329 WILLIAMS DRIVE
SUITE C
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Steven Griffin
82 Street Address (P.O. Box Number is Not Acceptable): 2313 Williams Drive
83
84 City: Clearwater FL 85 Zip Code: 34624

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: _____ 5/23/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POLLIO, PAULINE 1329 WILLIAMS DRIVE CLEARWATER,F L 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President PD Steven Griffin 2313 Williams Dr Clearwater Fl 34624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROOKS, SHELLEY 2445 SUMMERLIN DRIVE CLEARWATER,F L 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer TD James M Lewin Sr 2436 Glenann Dr Clearwater Fl 34624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARLOW, NOREEN 1315 RANCHWOOD CLEARWATER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary SD Noreen Marlow 1315 Ranchwood Drive Clearwater Fl 34624	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500001868995 -06/20/96--01024--021 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	06-19-96OR	☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ 5/23/96 813-539-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #