## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 728243** 1. Entity Name MORNINGSIDE-MEADOWS HOMEOWNERS' ASSOCIATION, INC

## FILED May 03, 2002 8:00 am & Secretary of State 05-03-2002 90160 004 \*\*\*\*61.25

Principal F	Place of Busines	38	Mailing Address		<del>-</del>			
1451 STEWART BLVD CLEARWATER FL 33764 US			P O BOX 5182 CLEARWATER FL 34618 US					
						HIR HAND BURGE HIN BYRN RIAND BURN ARBÛN	EIEM BARN (198)	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number FO 0070F07 Applied For			
Zip Country		Zip Country		59-28	3/836/	Not Applicable		
				Country	5. Certificate of Status	Desired	Additional ired	
	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address	of New Registered Agent		
441554				Name				
MURRAY 1451 STI	', bill Ewart blyd	ı		Street Addre	ess (P.O. Box Number is Not A	cceptable)	·	
	ATER FL 337							
_				City		FL Zip Co	ode	
8. The above	ve named entity	submits this statement	for the purpose of changing	its registered office or regi	stered agent, or both, in the s	tate of Florida.		
SIGNATURE	Signature, typed e	or printed name of registered age		NOTE: Registered Agent signature req	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25			O □  a a ti = /	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Department of State		
	FILE NOW:		Trust Fun	Campaign Financing de Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Department of State	e to te	
10.		OFFICERS AND D	Trust Fun	Campaign Financing d Contribution.	Added to Fees	Make Check Payable Department of State OFFICERS AND DIRECTORS I	te	
10. Title: Name Street address	TD WILLIAM C 1045 FLUS	OFFICERS AND D ZIMMERMAN HING AVE	Trust Fun	11. TITLE NAME STREET ADDRESS	Added to Fees	Department of Star	te	
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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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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