

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 008 ****61.25

DOCUMENT # 728243	
1. Entity Name MORNINGSIDE-MEADOWS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1451 STEWART BLVD CLEARWATER, FL 33764 US	Mailing Address P O BOX 5182 CLEARWATER, FL 34618 US
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60029802



2. Principal Place of Business 1328 STEWART BLVD	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State CLEARWATER, FL	City & State
Zip 33764	Country USA

4. FEI Number 59-2878567	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent MURRAY, BILL 1451 STEWART BLVD CLEARWATER, FL 33764	
7. Name and Address of New Registered Agent Name MARY MCGARVEY Street Address (P.O. Box Number is Not Acceptable) 1328 STEWART BLVD City CLEARWATER FL Zip Code 33764	

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary McGarvey* (NOTE: Registered Agent signature required when reinstating) DATE 4-5-06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM C ZIMMERMAN 1045 FLUSHING AVE CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGARVEY, MARY 1328 STEWART BLVD CLEARWATER, FL 33764 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY, MARY 1328 STEWART BLVD CLEARWATER, FL 33764 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, BILL 1451 STEWART BLVD. CLEARWATER, FL 33764 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D JOSAH W. EVICH 2206 HAGERSHAM DR CLEARWATER FL 33764 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Zimmerman 4/5/06 727-531-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #