2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 739646

1. Entity Name



FILED May 07, 2007 8:00 am Secretary of State 05-07-2007 90052 039 ****61.25

MORNINGSTAR CONDOMINIUM ASSOCIATION, INC.						03-07	-2007 30032 033	01.23		
Principal Place of Business			Mailing Address							
223 MARINE CT FORT LAUDERDALE FL 33308		4	2626 E COMMERCIAL BLVD 4 FORT LAUDERDALE FL 33308							
2. Principal P	lace of Business - No P.O. Box i	# 3. Mail	ing Address		·	1 10016 1000	- 14(2 124) - 0(1) - 12(2 2(1) 2(2) 2(2)	, 6484) QIBII BIBII BIB) 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E037 (10/06)				
City & State			City & State			4. FEI Number Applied For S9-1821247 Not Applicable				
Zip	Country	Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Cu	ırrent Registere	d Agent			7. Name and Add	ress of New Registered			
MO	Namo									
MGMT. ASSIST, INC. 2626 E COMMERCIAL BLVD.			Street Address ((P.O. Box Number is Not Acceptable)				
#4 FORT LAUDERDALE FL 33308										
				City			FL FL	Zip Code) 	
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 Signature, typico or printed harve of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
<u> </u>					-					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	Make Ched Florida Depa			
10. OFFICERS AND DIRECTORS				11	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
HILE	DP Delete			11111			·	☐ Change	Addition	
NAME STREET ADDRESS	STAFFORD, RICHARD 203 MIDDLE RD.			NAME STREET ADDRESS						
CITY-ST ZIP	SAYVILLE NY 11782	CITY ST ZIP					· <u>:</u>			
TITLE NAME	DV PESCHNER, WILLI	TITLE NAME	DY	(3.33. 04.1)	u4 =:	☐ Change	Addition			
STREET ADDRESS	223 MARINE CT.			STREET ADORLSS	223	SEWARD, MICHAEL 273 MARINE OF #205 ANDERDALE BY THE SGA FL 3'3308				
CITY-ST-ZIP	LAUDERDALE BY THE SEA	CITY S1-ZIP	LAU	DECOALE	BY THE SGA	FL 3 □ Change	'3.3oK □ Addition			
NAME	DST REINHARDT, MARION		Delete Delete	IMAM				☐ Ollarige	Addition	
STRICE FADORESS CITY - SI - ZIP	223 MARINE CT., #207	siñéitaDD#255 CHY SLZIP	Ì		~		ĺ			
TITLE	LAUDERDALE BY THE SEA	rL_33308	Delete	11111				☐ Change	Addition	
NAME CIBILLI ADDOLCC				NAME STREET ADDRESS						
STREET ADDRESS CITY ST ZIP				CITY ST ZIP						
ULE			Delete	TITLE				☐ Change	Addition	
naml Siree (address				NAM! STRLLT ADDMESS						
C)TY+ST-ZIP				CHY ST ZIP						
title Name			☐ Delete	TITLE NAME				☐ Change	Addition	
SIREET ADDRESS	[\]	^		STREET ADDRESS						
CITY-ST-ZIP		: L	a day a subject	CITY ST ZIP	gantaina	od in Continu t 10. Flo	wide Statutes I further or	artifu that the i	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted ampowered 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 access, with all other like empowered. SIGNATURE: SIGNATURE: Description of the composition of the receiver of trusted ampowered 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 access, with all other like empowered. SIGNATURE: Description of the composition of the receiver of trusted ampowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certification indicated in Section 119, Florida Statutes. I further certification indicated in Section 119, Florida Statutes. I further certification in Section 119, Florida Statutes. I further certification indicated in Section										
SIGNAT	'URE:	XVM)	yuh,	MAR	ION F	1. KEINHARD	05 4-24-0	Daytime Phone #		
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