2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90038 010 ****61.25

DOCUMENT # 749110

1. Entity Name

MORNINGSIDE EAST, INC.

Principal Place of Business	Mailing Address
SEABOARD ARBORS MGMT SVCS 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US	SEABOARD ARBORS MGMT SVCS 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1949441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LENNARD A SEABOARD ARBORS MGMT SVCS 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) City **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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JANSSEN, LINDA 9525 BLIND PASS RD., #801 SAINT PETERSBURG FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARELS HOPKINS 2500 HARN BLVD #E07 CLEARWATER, FL 33764	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AYO, ANDY PO BOX 5244 TAMPA FL 33675	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASSOLINO, MARY 1210 ALAMEDA AVE. CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AL-QASEM, MOHAMMED 10337 GOLDENBROOK WAY TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, FLOYD 2339 CHARLES DR CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ 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 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 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: Mary Brass 3/19/08