


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 002 ****61.25

DOCUMENT # 765557 1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.					
Principal Place of Business DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US			Mailing Address DELCOR MGMT. 310 PEARL AVENUE SARASOTA, FL 34243 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2254613	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELLCOR MANAGEMENT, INC 310 PEARL AVENUE SARASOTA, FL 34243				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P LOCKWOOD, KATHERINE 2915 64TH ST. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAND, JOHN 2927 63RD ST. W. BRADENTON, FL 34209
		<input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIARNEILLO, CAROL 2902 61ST STREET WEST BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRESE, PAUL 2927 64TH ST. W. BRADENTON, FL 34209
		<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER, JAMES 2913 60TH STREET W BRADENTON, FL 34209	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETTERMAN, DAVID 2906 62ND STREET WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, LINDA 2927 60TH STREET WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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. KATHERINE LOCKWOOD					
SIGNATURE: <i>Katherine Lockwood</i> Date <i>April 13'07</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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