

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765557

FILED
Apr 21, 2009
Secretary of State

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF MORNINGSIDE, INC.

Current Principal Place of Business:

DELCOR MGMT.
310 PEARL AVENUE
SARASOTA, FL 34243 US

New Principal Place of Business:

DELLCOR MGMT.
310 PEARL AVENUE
SARASOTA, FL 34243 US

Current Mailing Address:

DELCOR MGMT.
310 PEARL AVENUE
SARASOTA, FL 34243 US

New Mailing Address:

DELLCOR MGMT.
310 PEARL AVENUE
SARASOTA, FL 34243 US

FEI Number: 59-2254613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLCOR MANAGEMENT, INC
310 PEARL AVENUE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCKWOOD, KATHERINE
Address: 2915 64TH ST. W.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: HAND, JOHN
Address: 2927 63RD ST W.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: HORNER, JAMES
Address: 2913 60TH STREET W
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: LETTERMAN, DAVID
Address: 2906 62ND STREET WEST
City-St-Zip: BRADENTON, FL 34209

Title: SD () Delete
Name: SCHWAB, VERA
Address: 2920 64TH STREET. W.
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LOCKWOOD, KATHERINE
Address: 2915 64TH ST. W.
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HORNER, JAMES
Address: 2913 60TH STREET W
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FORRESTER, LINDA
Address: 310 PEARL AVENUE
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE LOCKWOOD

PT

04/21/2009

Electronic Signature of Signing Officer or Director

Date