## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**/C**\

1. Corporation	IVIEIVI # /0/81	U (5)			
MORN	INGSIDE HOMEOWNER'S	ASSOCIATION, INC.			
Principal Plac	on of Business	Mailing Address	·		
760 NE 77 ST.			ıR		
US		US	-	A 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 de all sui 5 de la
				3a. Date Incorporated or Qualified 3a. 04/05/1983	Date of Last Report 06/06/1996
<del></del>		2a. Mailing Address		4. FEI Number 65-0119231	Applied For
Suite, Apt. #, etc.					Not Applicable
22		27 Suite, Apr. #, 6tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangit	
24	25		30	Florida Statutes Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name					
WAGNE	ם והשאו ב				
WAGNER, JOHN E 760 NE 77 ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33487			83		
2007(1)					100
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signalure, typed or printed name of registered as	GNER TREA			
12.		POTE TO STATE OF THE PROPERTY	Registered Agent signature requ	Ired whon reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7,557,670,770,770	Change Addition
NAME	HARRARI, JOHN		1.2 NAME		-
STREET ADDRESS	800 NE 77TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TATLE		☐ Change ☐ Addition ]
NAME	WAGNER, JOHN		2.2 NAME	Section 1995	
STREET ADDRESS	760 NE 77 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33487	DELETE	2. 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME	CORRARI, DIANNE		3.2 NAME		LI Somide LI Somini
STREET ADDRESS	760 NE 77 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		Change Addition
NAME	STETSON, ROBERT		4. 2 NAME		
STREET ADDRESS	850 NE 8 WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CiTY - ST - ZIP		
TITLE	VP	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RABADAN. EDU	ARDO	5.2 NAME		
STREET ADDRESS	BOCARATONFI	2-10-	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCK KATONFL	. 33 4 8 7 DELETE	5.4 CHY-ST-ZIP		Change Addition
TITLE NAME	<b>*</b>	□ ottest	6.1 TITLE 6.2 NAME		L DIRINGE LI MUNICION
STREET ADDRESS			6.3 STREET ADDRESS		
City-ST-7IP			6.5 STREET AUDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 pame appears in Block 12 or Block 13 if hanged, or on an allachment with an address. 989-

**FILED** 

Apr 08 1997 8:00am

Secretary of State