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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767810

1. Corporation Name

MORNINGSIDE HOMEOWNERS ASSN

Principal Place of Business

Mailing Address

820 NE 77th St  
Boca Raton FL  
33487

820 NE 77th St  
Boca Raton FL  
33487

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

3. Date Incorporated or Qualified

4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Applied For

Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

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 agent, 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.

SIGNATURE: Julieta V. Harrari

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES. JOHN F. HARRARI

NAME NAME

STREET ADDRESS 820 NE 77th St.

CITY-ST-ZIP BOCA RATON FL 33487

TITLE VP ROBERT STETSON

NAME NAME

STREET ADDRESS 850 NE 8th Way

CITY-ST-ZIP BOCA RATON 33487

TITLE TREAS. JOHN WAGNER

NAME NAME

STREET ADDRESS 760 NE 77th St

CITY-ST-ZIP BOCA RATON

FLORIDA 33487

TITLE SECY LEONORE ANESTIA

NAME NAME

STREET ADDRESS 820 NE 77th St

CITY-ST-ZIP BOCA RATON FL 33487

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julieta V. Harrari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

561998 9261

Daytime Phone #

CR2E037 (1/98)