2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information supplied with this filing to indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address with all other than the corporation.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: __

May 05, 2004 8:00 am **DOCUMENT # 767810** Secretary of State 1. Entity Name 05-05-2004 90214 013 ****61.25 MORNINGSIDE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 150 E BOCA RATON RD BOCA RATON FL 33432 150 E BOCA RATON RD BOCA RATON FL 33432 24069443 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0119231 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIDER, DONALD C Street Address (P.O. Box Number is Not Acceptable) 150 EAST BOCA RATON ROAD **BOCA RATON FL 33432** 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change Addition SIDER, DON NAME 1 NAME 150 EAST BOCA RATON RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ANNUNZIATA, JIM NAME NAME 811 NE 77TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITI F Change ☐ Addition GRECSEK, BONNIE NAME . Name 7600 NE 8TH WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition EDERINGTON, SALLY NAME NAME 7751 NE 8TH WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if

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