2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 8:00 am Secretary of State

| · · · · · · | | | | | | | , 2 | ecre | tia. | ry (| 01 3 6 | ate |
|--|---|----------------------|---|--------------|--|--|-------------------------------|------------|------------|------------|------------------------------|-------------|
| DOCUMENT # 767810 1. Entity Name MORNINGSIDE HOMEOWNER'S ASSOCIATION, INC. | | | | | | | | | | _ | 06 ****61 | |
| Principal Place of Business 150 E BOCA RATON RD BOCA RATON, FL 33432 US | | | Mailing Address 150 E BOCA RATON RD BOCA RATON, FL 33432 US | | | | 40021645 | | | | | |
| Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | 01242005 | Chg-NP | | CR2E | 037 (10/03) | |
| City & Star | te | City & State | | | | 4. FEI Numbe 65-011 | | | | 1 | oplied For ot Applicable | |
| Zip | Country | Zip Co | | | intry | 5. Certificate of Status Desired Seguired Fee Required | | | | | ditional | |
| | 6. Name and Address of Current | Register | ed.Agent | | | | _7Name and | Address of | New Re | gistered | | |
| SIDER, DONALD C | | | | | Name · | | | | | | | |
| 150 EAST | BOCA RATON ROAD TON, FL 33432 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | | | | | | - | |
| City | | | | | | | larana. | | | FI | L Zip Cod | le |
| 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, a the obligations of registered agent. | | | | | | | | | | and accept | | |
| | | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | Lood title if en | onicania (MATE: | Barretere | 1 Acest sicos | | when reinstating) | | Feb | ruary | 7 17, 2 | 005 |
| | Signature, types or preview traine or registation again | | г | | · · · · · · · · · · · · · · · · · · · | iora radiorad | | 12 s* = 1 | 15 4 9 7 3 | | egys works engine | رين الواديد |
| Filing Fee is \$61.25 Due by May 1, 2005 Frust Fund Contrib | | | | | | | \$5.00 May B Added to Fees | e in | : Me | da Depa | ck payable t artment of S | tata |
| 10. | OFFICERS AND DI | RECTORS | <u> </u> | 11. | | | ADDITIONS/CH | ANGES TO C | OFFICER | | DIRECTORS IN | |
| TITLE | PD | | ☐ Delete | | ^E SD | | | _ | | | ☐ Change | Addition |
| NAME STREET ADDRESS | SIDER, DON 150 EAST BOCA RATON RD | | | NAMI | et address | Kim | Baltimo | ce | | | | • |
| CITY - ST - ZIP | BOCA RATON, FL 33432 | | | | -ST-ZIP | 7751 | NE 8th | Way, I | Boca | Rato | n, FL | 33487 |
| TITLE | VP | | ☐ Delete | TITLE | | | | | | - | Change | Addition |
| NAME STREET ADDRESS | ANNUNZIATA, JIM 811 NE 77TH STREET | | | NAM! STRE | e Et address | | | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | SOCA RATON, FL 33487 | | | -\$T-ZIP | | | | | | | |
| TITLE | TD COSCSEK BONNIE | | ☐ Delete | TITLE | | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | GRECSEK, BONNIE 7600 NE 8TH WAY | | | NAMI | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | | | CITY | -ST-ZIP | | | | | | | |
| TITLE NAME | SD EDERINGTON, SALLY | | Delete | IIILE | | | | | | | Change | Addition |
| STREET ADDRESS | 7751 NE 8TH WAY | | | NAMI STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | | | CITY | -ST-ZIP | | | | | | | |
| TITLE | | | Delete | TITLE | | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAM | E et adoress | | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | | |
| TITLE | - | | , ☐ Delete | TITLE | | | | - | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAM | E , et address | | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | | |

12. 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 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 truster ampowed 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 addless, with all other like empowered.

SIGNATURE: X

Donald C.Sider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 17, 2005 561-391-1100

Date

Daytime Phone #