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 DOCUMENT #

(9)

MORNING SUN I CONDOMINIUM ASSOCIATION, INC.											
Principal Place of Business Mailing Address							I COMBET IN BHY JOHN I JINI GOLDE DEFIN O		## ##########	II DIDEFUDA	
C/O TIFFANY E NIBLETT 831 SW SOTH WAY GAINESVILLE FL 32 8 07 US		C/O TIFFANY E NIBLETT 831 SW 50TH WAY GAINESVILLE FL 32607-3824 US			3.1	3. Date Incorporated or Qualified 11/02/1983		e of Last Re			
9 Principal D	ace of Business	2a. Mailing Address									
21 Principal Pi	ace of Business	— `	26 Mailing Address				4. FEI Number Applied For Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					— \$8.75 Additional			
22		<u>⊢</u> ₁ ''	27				5. Certificate of Status Desired		Fee Re		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28	28				Trust Fund Contribution		Added t		
Zip	Country	Zip	· —		,		8. This corporation has liability for				
24	25	29	30						No		
	9. Name and Address of Cu	irrent Hegistered Agent		81	Nome		10. Name and Address of New Re	gistered A	jent .		
				*'	Name	3					
NIBLETT, TIFFANY E				82	Street	t Addres	ss (P.O. Box Number is Not Acceptat	ele)			
	50TH WAY			83							
GAINESV	ILLE FL 32607			"							
				84	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617	.0502 and 617, 1508. Flori	da Statules, the	above	e-name	d corpor	ration submits this statement for the r		hanging it	s registered	
office or r	egistered agent, or both, in the S	State of Florida. Such char	nge was authori	zed by	the co	rporalio	ration submits this statement for the pin's board of directors. I hereby acce	ot the appoi	ntment as	registered	
	an iamiliai with, and accept the c	ongations or, Section 617	.0505, Florida 3	naiolo:	э.						
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Regist	ered Age	nt signatu	re required	when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	S IN 12	
TITLE	PD	□ D	ELETE 1.	1 TITLE				ι	Change	Addition	
NAME	NIBLETT, C.L.		1.	2 NAME							
STREET ADDRESS	831 SW 50TH WAY		1.	3 STREET	ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL			4 CITY - S	T-ZIP	↓					
TITLE	VD			1 TITLE				Ļ	Change	Addition	
NAME	HART, FREDERICK G.		•	2 NAME							
STREET ADDRESS	502 NW 75TH STREET				ADDRESS	•					
CITY-ST-ZIP	GAINESVILLE FL SD	ПК		4 CITY-S	ST - ZIP				Change	Addition	
TITLE	PRING, DARYL R.	_ u		1 TITLE 2 NAME				L	- Orienties	Addition	
NAME Street address	8329 SW 3RD PLACE				ADDRESS						
	GAINESVILLE FL					'					
CITY-ST-ZIP TITLE	THE TELEPOON TO THE TELEPOON T	П		4. CITY-: 1 TITLE	01 * ZIF	+			Change	Addition	
NAME	NIBLETT, TIFFANY E.			2 NAME		}		-			
STREET ADDRESS	831 SW 50TH WAY				ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL			4 CITY - S							
TITLE		□ D		1 TITLE		T			Change	Addition	
NAME			5.	2 NAME		1					
STREET ADDRESS			5.	3 STAEET	ADDRESS	:					
CITY-ST-ZIP				4 CITY - S	T- Z IP						
TITLE		D	ELETE 6.	1 TITLE		T		[Change	Addition	
NAME			6.	2 NAME							
STREET ADDRESS			6.	3 STREET	ADDRESS]	
CITY-ST-ZIP			6.	4 CITY - S	IT-ZIP	1					

I do hereby certify that the information supplied with this filling 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 any lackment with an address.

FILED

Jul 01 1997 8:00am

Secretary of State