


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000006309						FILED		06 AUG 21 AM 8:08	
1. Entity Name THE FLATS AT MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 5701-5781 BISCAYNE BOULEVARD MIAMI, FL 33137		Mailing Address C/O BSSS - CONDO DEPT 2525 PONCE DE LEON BLVD FL5 CORAL GABLES, FL 33134			
2. Principal Place of Business		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
City & State		City & State		Zip		Country		City & State	
Zip		Country		Zip		Country		City & State	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BECKER & POLIAKOFF PA 121 ALHAMBRA PLAZA 10 FLOOR CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City State: FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FREEMAN, GREGORY			NAME	Barney, Randy				
STREET ADDRESS	1521 ALTON ROAD #533			STREET ADDRESS	777 Arthur Godfrey Rd, Ste 320				
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	Miami Beach, FL 33140				
TITLE	TD	<input checked="" type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARNEY, RANDY			NAME	Smith, Jessie				
STREET ADDRESS	777 ARTHUR GODFREY ROAD, STE 320			STREET ADDRESS	5701 Biscayne Blvd #703				
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP	MIAMI, FL 33157				
TITLE	PD	<input checked="" type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POPPER, NADINA			NAME	Tedder, Jay				
STREET ADDRESS	5701 BISCAYNE BLVD, #502			STREET ADDRESS	5701 BISCAYNE BLVD #904 MIAMI, FL 33137				
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP					
TITLE	VPD	<input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TASSY, FRANTZ			NAME	Rodriguez, Cristina				
STREET ADDRESS	5701 BISCAYNE BLVD, #402			STREET ADDRESS	900079129019				
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	08/25/06--01033--005 **61.25				
TITLE		<input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME	Vice-President				
STREET ADDRESS				STREET ADDRESS	Tassy, Frantz				
CITY-ST-ZIP				CITY-ST-ZIP	5701 Biscayne Blvd #402				
TITLE		<input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME	TREASURER				
STREET ADDRESS				STREET ADDRESS	BARNEY, RANDY				
CITY-ST-ZIP				CITY-ST-ZIP	5701 BISCAYNE BLVD, PH-1				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered 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 address, with all other like empowered.									
SIGNATURE: <i>Jay Tedder</i>					Date: 8/2/06		Daytime Phone #: 305 761 7422		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4. FEI Number **56-2379927** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 8/22