

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006309

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** THE FLATS AT MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5701-5781 BISCAYNE BOULEVARD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICES  
6925 NW 42 STREET  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 56-2379927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FEIN, STEVEN A ESQ  
900 S.W. 40TH AVE  
PLANTATION, FL 33317      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATERES, JOEL  
Address: 5701 BISCAYNE BLVD. # 602  
City-St-Zip: MIAMI, FL 33137 US

Title: VPD  
Name: TASSY, FRANTZ  
Address: 5701 BISCAYNE BLVD. #402  
City-St-Zip: MIAMI, FL 33137 US

Title: VPD  
Name: POPPER, NADINA  
Address: 5701 BISCAYNE BLVD. #502  
City-St-Zip: MIAMI, FL 33137 US

Title: TD  
Name: BARNEY, RANDY  
Address: 5701 BISCAYNE BLVD #1001  
City-St-Zip: MIAMI, FL 33137

Title: SD  
Name: TEDDER, JAY  
Address: 5701 BISCAYNE BLVD # 901  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RANDY BARNEY

TD

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date