


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90067 023 ****61.25

DOCUMENT # N05000008494 1. Entity Name MORNINGSIDE EAST II CONDO. ASSOCIATION, INC.	
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Principal Place of Business 2560 HARN BLVD CLEARWATER, FL 33764	Mailing Address 2560 HARN BLVD CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1690122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BURNS, DOUGLAS
2559 NURSERY RD. STE A
CLEARWATER, FL 33759**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SCOTT 2560 HARN BLVD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, SCOTTIE 2560 HARN BLVD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALINSKY, JODI 2560 HARN BLVD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee Stoney 2560 Harn Blvd Clearwater, Florida 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paige Dickinson 2560 Harn Blvd Clearwater, Florida 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Joyce B. Michael* **Joyce B. Michael 4-25-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #