

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

DOCUMENT # N05000008494

1. Entity Name
MORNINGSIDE EAST II CONDO. ASSOCIATION, INC.



Principal Place of Business
2560 HARN BLVD
CLEARWATER, FL 33764

Mailing Address
2560 HARN BLVD
CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

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

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



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

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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

Signature, typed or printed name of registered agent and title if applicable.

(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. **\$5.00** May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, SCOTT
STREET ADDRESS 2560 HARN BLVD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D
NAME MICHAEL, SCOTTIE
STREET ADDRESS 2560 HARN BLVD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D
NAME GALINSKY, JODI
STREET ADDRESS 2560 HARN BLVD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE D
NAME Lee Stoney
STREET ADDRESS 2560 Harn Blvd
CITY-ST-ZIP Clearwater, Florida 33764

TITLE D
NAME Paige Dickinson
STREET ADDRESS 2560 Harn Blvd
CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce B. Michael 4-25-07

Date

Daytime Phone #