


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 002 \*\*\*\*61.25

<b>DOCUMENT # N08467</b> 1. Entity Name <b>MORNINGSTAR AT DELRAY MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487 US</b>			Mailing Address <b>6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1200 S. Rogers Circle</b>			3. Mailing Address <b>1200 S. Rogers Circle</b>		
Suite, Apt. #, etc. <b>Ste #3</b>			Suite, Apt. #, etc. <b>Ste 3</b>		
City & State <b>Boca Raton FL</b>			City & State <b>Boca Raton FL</b>		
Zip <b>33487</b>			Zip <b>33487</b>		
Country <b>US</b>			Country <b>US</b>		
4. FEI Number <b>59-2553301</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>LIPPMAN, KAREN 6401 CONGRESS AVE SUITE 140 BOCA RATON, FL 33487</b>					
7. Name and Address of New Registered Agent Name <b>Karen Lippman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Rogers Circle Ste 3</b> City <b>Boca Raton</b> FL Zip Code <b>33487</b>					
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 <b>Karen Lippman</b> DATE <b>4/15/08</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREIDMAN, IRA 5962 MORNINGSTAR CIR 101 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, GLENORA 5910 MORNING STAR CIR 301 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Florence Glenora 5910 Morningstar Circle #301 Delray Beach FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDING, MARION 5936 MORNINGSTAR CIR 203 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTAGENA, STEPHEN 5884 MORNINGSTAR CIR 303 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, GENA 5962 MORNINGSTAR CIR 305 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lederhandler, Joshua 5962 Morningstar Circle #305 Delray Beach FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>[Signature]</b> DATE <b>4/16/08</b> DAYTIME PHONE # <b>861-999-9701</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					