

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08467

FILED
Apr 06, 2009
Secretary of State

Entity Name: MORNINGSTAR AT DELRAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2553301 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LIPPMAN, KAREN
1200 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487 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: P () Delete
Name: FREIDMAN, IRA
Address: 5962 MORNINGSTAR CIR 101
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: FLORENCE, GLENORA
Address: 5910 MORNING STAR CIR 301
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: GOLDING, MARION
Address: 5936 MORNINGSTAR CIR 203
City-St-Zip: DELRAY BEACH, FL 33484

Title: T () Delete
Name: LEDERHANDLER, JOSHUA
Address: 5962 MORNINGSTAR CIRCLE, SUITE 305
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GLADSTONE, NATALIE
Address: 5884 MORNINGSTAR CIRCLE #205
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRA FRIEDMAN

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date