

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11905 (9)
1. Corporation Name
MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

95 APR 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O MA-CON, INC. 200 S. WASHINGTON BLVD. SARASOTA FL 34238**

Mailing Address: **C/O MA-CON, INC. 200 S. WASHINGTON BLVD. SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1985	3a. Date of Last Report 03/28/1994
4. FEI Number 59-2635087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**WEL, WARREN
200 S. WASHINGTON BLVD #4
SARASOTA FL 34238**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONNELL, SARAH 4001 MORNINGSIDE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRYOR, BERT 4581 MORNINGSIDE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUTCHINSON, BETTY 4581 MORNINGSIDE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VATD NEWMAN, DONALD L 4629 MORNINGSIDE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D8 MADISON, JOAN 3015 TANGELO DR SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AHEARN, FRANK 4550 MORNINGSIDE SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SD William Hoebee 4569 Morningside Sarasota, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TD James H. Sherwood, Sr. 4541 Morningside Sarasota, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Joseph Sinopoli 4585 Morningside Sarsota, FL 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DS Madison, Joan 4557 Morningside Sarasota, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: _____ Date: **4-11-95** Daytime Phone #: **813-366-1180**