

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11905

1. Entity Name

MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90265 033 ****61.25

Principal Place of Business

Mailing Address

C/O MA-CON, INC.
 200 S. WASHINGTON BLVD.
 SARASOTA FL 34236

C/O MA-CON, INC.
 200 S. WASHINGTON BLVD.
 SARASOTA FL 34236-6904

2. Principal Place of Business

3. Mailing Address

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2635087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, WARREN
 200 S. WASHINGTON BLVD #4
 SARASOTA FL 34236

Name

Warren Weil

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

Florida.

SIGNATURE

Warren Weil

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LASHER, ROBERT | |
| STREET ADDRESS | 4514 MORNINGSIDE DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUTCHINSON, BETTY | |
| STREET ADDRESS | 4581 MORNINGSIDE DR | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CONNELL, SARA | |
| STREET ADDRESS | 4601 MORNINGSIDE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | NEWMAN, DONALD L | |
| STREET ADDRESS | 4629 MORNINGSIDE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALLS, EDWIN | |
| STREET ADDRESS | 4526 MORNINGSIDE DR | |
| CITY-ST-ZIP | SARASOTA FL 34235 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Lasher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

.941-366-8480

Daytime Phone #

CR2E037 (9/99)