

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90103 047 ****61.25

DOCUMENT # N11905

1. Entity Name

MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MA-CON, INC.
 2198 PRINCETON STREET # 20
 SARASOTA FL 34237

C/O MA-CON, INC.
 2198 PRINCETON STREET # 20
 SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2635087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, WARREN
MA-CON, INC.
2198 PRINCETON STREET # 20
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | | |
|----------------|------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | D CALVIN CROOKS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 4510 MORNINGSIDE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | VP/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | D THOMPSON, DOUGLAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 126 S. CHURCH ST. | |
| CITY-ST-ZIP | BRIGHTON, MI | |

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:

Donald L Newman
REGONALD NEWMAN

4-25-01

941-366-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)