


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90014 029 \*\*\*\*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

24076072



2. Principal Place of Business 4983 Ringwood Meadow  
Suite, Apt. #, etc.  
3. Mailing Address 4983 Ringwood Meadow  
Suite, Apt. #, etc.

MOORE CR2E037 (11/03)

City & State Sarasota, FL  
Zip 34235 Country USA  
City & State SARASOTA, FL  
Zip 34235 Country USA

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

7. Name and Address of New Registered Agent  
Name PAMI Management, Inc.  
Street Address (P.O. Box Number is Not Acceptable) 4983 Ringwood Meadow  
City Sarasota FL Zip Code 34235

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 \_\_\_\_\_ DATE 5/1/04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD NAME LASHER, ROBERT STREET ADDRESS 4514 MORNINGSIDE DR CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME CROOKS, CALVIN STREET ADDRESS 4510 MORNING SIDE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE VPT NAME NEWMAN, DONALD L STREET ADDRESS 4629 MORNINGSIDE CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME WALLS, EDWIN STREET ADDRESS 4526 MORNINGSIDE DR CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE D NAME THOMPSON, DOUGLAS STREET ADDRESS 126 S. CHURCH ST CITY-ST-ZIP BRIGHTON MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Paulini, VIVIANE STREET ADDRESS 4625 MORNINGSIDE DRIVE CITY-ST-ZIP SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME O'Hara, Frank STREET ADDRESS 4549 Morningside Dr. CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME Ross, Rhonda Sue STREET ADDRESS 4506 Morningside Dr. CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME Cervia, Irma STREET ADDRESS 4617 Morningside Dr. CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Bray, Gerald STREET ADDRESS 4599 Morningside Dr. CITY-ST-ZIP Sarasota, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: V. Paulini DATE: 05/11/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #