


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (6R)**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-04-2006 90140 004 ****61.25

DOCUMENT # N11905					
1. Entity Name MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4568 MORNINGSIDE DR SARASOTA FL 34235			Mailing Address 4568 MORNINGSIDE DR SARASOTA FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2635087	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROKOP STONE P.A. 3707 RADNOR PL SARASOTA FL 34232			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIVIANE, PAOLINI		NAME		
STREET ADDRESS	4625 MORNINGSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, FRANK		NAME	O'Hara, FRANK	
STREET ADDRESS	4549 MORNINGSIDE DR		STREET ADDRESS	4549 Morningside Dr	
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, RHONDA SUE		NAME		
STREET ADDRESS	4506 MORNINGSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVIA, IRMA		NAME		
STREET ADDRESS	4617 MORNINGSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, GERALD		NAME		
STREET ADDRESS	4599 MORNINGSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Frank O'Hara P.D.</i>		Date: <i>4/21/06</i>		Daytime Phone #: <i>941-342-8750</i>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					