


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2635087	Applied For Not Applicable
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**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

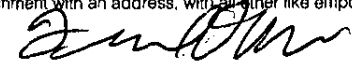
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'HARA, FRANK 4549 MORNINGSIDE DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, DANIELLE 4530 MORNINGSIDE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CERVIA, IRMA 4617 MORNINGSIDE DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, GERALD 4599 MORNINGSIDE DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/29/08-80079-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **1-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #