

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11905

FILED
Jan 09, 2009
Secretary of State

Entity Name: MORNINGSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4568 MORNINGSIDE DR
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

4568 MORNINGSIDE DR
SARASOTA, FL 34235

New Mailing Address:

3707 RADNOR PLACE
SARASOTA, FL 34232

FEI Number: 59-2635087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROKOP STONE P.A.
3707 RADNOR PL
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

PROKOP P.A.
3707 RADNOR PL
SARASOTA, FL 34232 US

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: KENNETH D. PROKOP

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'HARA, FRANK
Address: 4549 MORNINGSIDE DR
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: ROBERTS, DANIELLE
Address: 4530 MORNINGSIDE
City-St-Zip: SARASOTA, FL 34235

Title: TD () Delete
Name: CERVIA, IRMA
Address: 4617 MORNINGSIDE DR
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: BRAY, GERALD
Address: 4599 MORNINGSIDE DR
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH D. PROKOP

RA

01/09/2009

Electronic Signature of Signing Officer or Director

Date