


FILE NOW: FILING FEE IS \$61.25

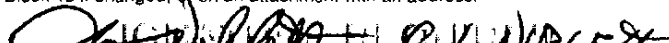
FILED
Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13036 (1) 1. Corporation Name MORNING SUN II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O TIFFANY E. NIBLETT 831 SW 50TH WAY GAINESVILLE FL 32607 US		Mailing Address C/O TIFFANY E. NIBLETT 831 SW 50TH WAY GAINESVILLE FL 32607-3824 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent NIBLETT, TIFFANY E. 831 SW 50TH WAY GAINESVILLE FL 32607		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	PRING, DARYL R.		
STREET ADDRESS	8329 SW 3RD PLACE		
CITY-ST-ZIP	GAINESVILLE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	NIBLETT, C.L.		
STREET ADDRESS	831 SW 50TH WAY		
CITY-ST-ZIP	GAINESVILLE FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	HANNAH, L.C.		
STREET ADDRESS	3001 S.W. ARCHER ROAD, #38		
CITY-ST-ZIP	GAINESVILLE FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	NIBLETT, TIFFANY E.		
STREET ADDRESS	831 SW 50TH WAY		
CITY-ST-ZIP	GAINESVILLE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  7/1/97 257 225 5328