2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17301

FILED Mar 06, 2005 Secretary of State

Entity Name: MORNINGVIEW HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
P.O. BOX 1 HIGHLAND	23 CITY, FL 3384	6 US			
Current Mailing Address:			New Mailii	New Mailing Address:	
P.O. BOX 1 HIGHLAND	23 CITY, FL 3384	6 US			
FEI Number:	59-2888960	FEI Number Applied For()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of Cui	rrent Registered Agent:	Name and	Address of New Registered Agent:	
	NINGDALE AVE	JS			
The above in the State		omits this statement for the pur	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Agent		Date	
OFFICERS	AND DIRECTO	PRS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De JOHNSON, HOWA 6084 MORNINGDA LAKELAND, FL 33	RD ALE AVE.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition MAQUILON, FELIPE 6115 MORNINGVIEW DR. LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	VP () De JAMES, NANCE 6085 MORNINGDA LAKELAND, FL 33	ALE AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De LEE, MICHAEL 6116 MORNING V LAKELAND, FL 33	IEW DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MUSIUK, PATRICIA 6138 MORNINGDALE AVE. LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	T () DO DIMONACO, DIAN 6005 MORNINGDA LAKELAND, FL 33	E ALE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De GROGAN, PAT 6112 MORNINGVI LAKELAND, FL 33	EW DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BEATTY, BECKY 6159 MORNINGDALE AVE. LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	S () De SITES, TERRY 6004 MORNINGD/ LAKELAND, FL 33	ALE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE DIMONACO TEAS 03/06/2005