


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90099 008 \*\*\*\*61.25

<b>DOCUMENT # N17301</b>	
1. Entity Name <b>MORNINGVIEW HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 123 HIGHLAND CITY FL 33846 US</b>	Mailing Address <b>P.O. BOX 123 HIGHLAND CITY FL 33846 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2888960</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DIMONACO, DIANE 6005 MORNINGDALE AVE LAKELAND FL 33813</b>		7. Name and Address of New Registered Agent Name <b>Florence Norton</b> Street Address (P.O. Box Number is Not Acceptable) <b>6143 Morningview Dr.</b> City <b>Lakeland</b> FL <b>33813</b> 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 *Florence Norton Florence Norton* DATE *3/26/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAQUILON, FELIPE 6115 MORNINGVIEW DR. LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, HOWARD 6084 MORNINGDALE AVE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSIUK, PATRICIA 6138 MORNINGDALE AVE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIMONACO, DIANE 6005 MORNINGDALE AVE LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Florence Norton 6143 Morningview Dr Lakeland FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, BECKY 6159 MORNINGDALE AVE. LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITES, TERRY 6004 MORNINGDALE AVE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Florence Norton Florence Norton* DATE *3/26/07* *863-646-8075*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR