

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39006

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** MORGAN PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3020824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEE, KEVIN  
Address: 6203 COURTNEY COVE  
City-St-Zip: APOPKA, FL 32703

Title: DV ( ) Delete  
Name: WEIPPERT, MIKE  
Address: 6223 COURTNEY COVE  
City-St-Zip: APOPKA, FL 32703

Title: DST ( ) Delete  
Name: AULTMAN, MEREDITH  
Address: 6214 COURTNEY COVE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DST (X) Change ( ) Addition  
Name: WEIPPERT, MIKE  
Address: 6223 COURTNEY COVE  
City-St-Zip: APOPKA, FL 32703

Title: DVP (X) Change ( ) Addition  
Name: SULLIVAN, CARL  
Address: 6202 COURTNEY COVE  
City-St-Zip: APOPKA, FL 32703

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: MIKE WEIPPERT

DST

04/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date