

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39493** (4)

1. Corporation Name

MORNINGSIDE PRESERVATION SOCIETY, INC.



Principal Place of Business

Mailing Address

581 NE 58TH ST
MIAMI FL 33137
US

5701 N BAYSHORE DR
MIAMI FL 33137
US

3. Date Incorporated or Qualified

07/13/1990

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

581 NE 58 ST

4. FEI Number

65-0211592

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

33137

30

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEUBERG, JOHN
581 NE 58TH ST
MIAMI FL 33137

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEUBERG, JOHN	
STREET ADDRESS	581 NE 58TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARK, JUDY	
STREET ADDRESS	5930 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POLOKOFF, STEVEN	
STREET ADDRESS	5701 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, JEAN	
STREET ADDRESS	645 NE 58TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DREADEN, EDIE	
STREET ADDRESS	555 NE 58TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAEFER, NORAH	
STREET ADDRESS	594 NE 56 STREET	
CITY-ST-ZIP	MIAMI FL	

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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARK, Judy
2.3 STREET ADDRESS	5930 N. Bayshore Dr.
2.4 CITY-ST-ZIP	Miami FL 33137
3.1 TITLE	Vice Pres / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Polakoff, Steven
3.3 STREET ADDRESS	5701 N. Bayshore Drive
3.4 CITY-ST-ZIP	Miami FL 33137
4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Neuberg, Susan
4.3 STREET ADDRESS	581 NE 58 Street
4.4 CITY-ST-ZIP	Miami FL 33137
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Zufall, Debra
5.3 STREET ADDRESS	5911 NE 56th Ave
5.4 CITY-ST-ZIP	Miami FL 33137
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan Neuberg / Treasurer 5/1/96 305-251-6204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)