

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39493** (4)

1. Corporation Name

**MORNINGSIDE PRESERVATION SOCIETY, INC.**

Principal Place of Business

Mailing Address

**581 NE 58TH ST  
MIAMI FL 33137  
US**

**581 NE 58 ST  
MIAMI FL 33137  
US**



3. Date Incorporated or Qualified

**07/13/1990**

4. FEI Number

**65-0211592**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NEUBERG, JOHN  
581 NE 58TH ST  
MIAMI FL 33137**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VANDITTY, MICHAEL</b>	
STREET ADDRESS	<b>581 NE 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLARK, JUDY</b>	
STREET ADDRESS	<b>5930 N BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POLAKOFF, STEVEN</b>	
STREET ADDRESS	<b>5701 N BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEUBURG, SUSAN</b>	
STREET ADDRESS	<b>581 NE 58TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZUFALL, DEBRA</b>	
STREET ADDRESS	<b>5911 NE 6TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John Parsons</b>	
1.3 STREET ADDRESS	<b>670 NE 59 STREET</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	

2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Patrick McCa</b>	
2.3 STREET ADDRESS	<b>679 NE 58 STREET</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	

3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mary Foehrenbach</b>	
3.3 STREET ADDRESS	<b>655 NE 55 Terrace</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	

4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GAIL Meadows</b>	
4.3 STREET ADDRESS	<b>5731 NE 6th Avenue</b>	
4.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	

5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>NORAH Schaefer</b>	
5.3 STREET ADDRESS	<b>598 NE 56 STREET</b>	
5.4 CITY-ST-ZIP	<b>Miami, FL 33137</b>	

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 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: **Susan Neuburg** Treasurer **4/30/98** **305-751-6204**

CR2E037 (10/97)