

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 # **713206** (1)

1. Corporation Name
EIGHTH MOORINGS CONDOMINIUM, INC.



Principal Place of Business: **18707 N E 14TH AVENUE NORTH MIAMI BEACH FL 33179**
Mailing Address: **18707 N E 14TH AVENUE NORTH MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified: **08/17/1967**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-1233805**
Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

GUST, NORMAN
18707 N.E. 14TH AVE.
NORTH MIAMI BCH. FL 33179

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS, VANCE	1.2 NAME	
STREET ADDRESS	18707 N.E. 14TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFINKLE, EVA	2.2 NAME	
STREET ADDRESS	18707 N.E. 14TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUST, NORMAN	3.2 NAME	
STREET ADDRESS	18707 NE 14TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, GERTRUDE	4.2 NAME	
STREET ADDRESS	18707 NE 14TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITZES, MARTIN	5.2 NAME	
STREET ADDRESS	18707 NE 14TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MILTON	6.2 NAME	
STREET ADDRESS	18707 NE 14TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	6.4 CITY-ST-ZIP	

CATHIE LUTZ Change Addition
18707 NE 14TH AVE
N MIAMI BEACH FL

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: Gertrude Weisman TREASURER 305 944 6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)