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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

18707 N E 14TH AVENUE
NORTH MIAMI BEACH FL 33179

18707 N E 14TH AVENUE
NORTH MIAMI BEACH FL 33179-4823

3. Date Incorporated or Qualified
08/17/1967

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1233805

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 true 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 DELETE
NAME BLEVINS, VANCE
STREET ADDRESS 18707 N.E. 14TH AVE.
CITY-ST-ZIP N. MIAMI BEACH FL

1.1 TITLE
1.2 NAME D ELVIAH CASTILLO Change Addition
1.3 STREET ADDRESS 18707 NE 14TH AVE
1.4 CITY-ST-ZIP N MIAMI BEACH FL

TITLE VD DELETE
NAME LUTZ, CATHIE
STREET ADDRESS 18707 N.E. 14TH AVE.
CITY-ST-ZIP N. MIAMI BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE SD DELETE
NAME GUST, NORMAN
STREET ADDRESS 18707 NE 14TH AVE
CITY-ST-ZIP N MIAMI BEACH, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE TD DELETE
NAME WEISSMAN, GERTRUDE
STREET ADDRESS 18707 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE D DELETE
NAME LEITZES, MARTIN
STREET ADDRESS 18707 NE 14TH AVE
CITY-ST-ZIP N MIAMI BEACH, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE D DELETE
NAME COHEN, MILTON
STREET ADDRESS 18707 NE 14TH AVE
CITY-ST-ZIP N MIAMI BCH, FL 00000

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I do 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:

GERTRUDE WEISSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033275

1/14th 97 305-944 6806

CR2E037 (9/96)