


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/17/1967 4. FEI Number 59-1233805 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ 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	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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTZ, CATHIE		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		
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: <u>Gertrude Weissman</u> <u>Gertrude Weissman</u> Jan 7 th 98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033489					

CR2E037 (10/97)