02221999-90110-022-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713206

1. Corporation Name
EIGHTH MOORINGS CONDOMINIUM, INC.

96984 · 90110 · 22

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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/17/1967

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

9. Name and Address of Current Registered Agent

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

SUN RAE MGMT SERVICES
4000 N STATE RD 7
LAUDERDALE LAKES
SUITE 108 33319

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 SUNRAE MGMT SCOTT BUSCH
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	☒ DELETE	1.1 TITLE	VD ☐ Change ☐ Addition
NAME	BLEVINS, VANCE		1.2 NAME	COICO FRANK
STREET ADDRESS	18707 N.E. 14TH AVE.		1.3 STREET ADDRESS	18707 NE 14th AVE
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	N MIAMI BEACH FLA
TITLE	VD	☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	LUTZ, CATHIE		2.2 NAME	CASTILLO ELVIA
STREET ADDRESS	18707 N.E. 14TH AVE.		2.3 STREET ADDRESS	18707 NE 14th AVE
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	N MIAMI BEACH FLA
TITLE	SD	☒ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISMAN, 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	☒ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature] 1/7th 1999 305.944 6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)