


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90045 002 ****61.25

DOCUMENT # 713206 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1233805	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUSCH, SCOTT A 7071 WEST COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COICO, FRANK 18707 N.E. 14TH AVE. N. MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AURORA HONIG 18707 NE 14TH AVE. # 624 N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUTZ, CATHIE 18707 N.E. 14TH AVE. N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA SANTIAGO 18707 NE 14TH AVE # 627 N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISMAN, GERTRUDE 18707 NE 14TH AVE N. MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECPERTO ESCUDERO 18707 NE 14TH AVE # 736 N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MILTON 18707 NE 14TH AVE N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAREWOOD, ORMOND 18707 NE 14TH AVE N. MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Escudero</i>				Date 2-16-05 (954) 733-9010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50018799



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