


2006 NOT-FOR-PROFIT CORPORATION -- ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 020 ****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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1233805			
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BUSCH, SCOTT A 7071 WEST COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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.				
SIGNATURE _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COICO, FRANK			NAME			
STREET ADDRESS	18707 N.E. 14TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ONIG, AURORA H			NAME			
STREET ADDRESS	18707 NE 14HT AVE #624			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISMAN, GERTRUDE			NAME			
STREET ADDRESS	18707 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, MILTON			NAME			
STREET ADDRESS	18707 NE 14TH AVE			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESCUDERO, ECRETO			NAME			
STREET ADDRESS	18707 NE 14TH AVE #736			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTIAGO, MARIA			NAME			
STREET ADDRESS	18707 NE 14TH AVE #627			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Gertrude Weisman</i>			Date: <i>2/6 2006</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				



01102006 Chg-NP CR2E037 (11/05)