

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 008 ****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

40120000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-1233805

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$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 Jeff Goldberg
 Street Address (P.O. Box Number is Not Acceptable)
SunKae Property Management
7071 W. Commercial Blvd # 2B
 City Tamarac FL Zip Code 33319

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

Jeff Goldberg

5/8/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
 Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution.

\$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
NAME	COICO, FRANK	
STREET ADDRESS	18707 N.E. 14TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONIG, AURORA H	
STREET ADDRESS	18707 NE 14HT AVE #624	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISMAN, GERTRUDE	
STREET ADDRESS	18707 NE 14TH AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MILTON	
STREET ADDRESS	18707 NE 14TH AVE	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESCUDERO, ECRETO	
STREET ADDRESS	18707 NE 14TH AVE #736	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, MARIA	
STREET ADDRESS	18707 NE 14TH AVE #627	
CITY-ST-ZIP	MIAMI, FL 33179	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Gertrude Weisman

5/14 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/State Phone #