


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90043 017 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1233805	Applied For <input type="checkbox"/> Not Applicable
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	
GOLDBERG, JEFF SUNREA PROPERTY 7071 W. COMMERCIAL BLVD TAMARAC, FL 33319		Name LUCRECIA M. POSADA	
		Street Address (P.O. Box Number is Not Acceptable) 18707 N.E. 14 AVENUE # 727	
		City NORTH MIAMI BEACH	FL Zip Code 33179

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 *Lucrecia Posada* DATE 01-17-08
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, 2008	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	P LUCRECIA M. POSADA 18707 N.E. 14 AVE. # 727 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONIG, AURORA H 18707 NE 14TH AVE #624 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OIGA URGILES 18707 N.E. 14 AVE. # 639 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	T DRODINA DORESTE 18707 N.E. 14 AVE. # 732 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MILTON 18707 NE 14TH AVE N. MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSE SAMPSON 18707 N.E. 14 AVE. # 634 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCUADERO, ECRETO 18707 NE 14TH AVE #736 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAPHNE EDWARDS 18707 N.E. 14 AVE. # 735 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, MARIA 18707 NE 14TH AVE #627 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAULETTE BAYARD 18707 N.E. 14 AVE. # 533 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rose Sampson* DATE Jan. 17, 2008 DAYTIME PHONE # 305-514-6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document # 713206
Continuation of Number 11

ATTACHMENT

40006310
713206

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
Title Name Street Address City-St-Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ana Maria Jones 18707 N.E. 14 Ave. # 633 N. Miami Beach, FL 33179
Title Name Street Address City-St-Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Esther Martinez 18707 N.E. 14 Ave. # 521 N. Miami Beach, FL 33179
Title Name Street Address City-St-Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sabino P. Minsal 18707 N.E. 14 Ave. # 623 N. Miami Beach, FL 33179