

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726549

FILED
Mar 28, 2005
Secretary of State

Entity Name: OMEGA CONDOMINIUM NO. 8, INC.

Current Principal Place of Business:

7500 N.W. 17TH STREET
PLANTATION, FL 333132174

New Principal Place of Business:

Current Mailing Address:

7500 N.W. 17TH STREET
PLANTATION, FL 333132174

New Mailing Address:

FEI Number: 59-1559708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, A.C., CPA
7515 W. OAKLAND PARK BLVD.
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CARMICHAEL, DEBBIE
Address: 7500 NW 17TH ST #205
City-St-Zip: PLANTATION, FL 33313

Title: VPD () Delete
Name: GROSS, DOROTHY
Address: 7500 NW 17 ST. #205
City-St-Zip: PLANTATION, FL 33313

Title: SD () Delete
Name: RUSSELL, SHANNA
Address: 7500 NW 17TH ST #104
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: GOLDWEITZ, PEARL
Address: 7500 NW 17TH ST
City-St-Zip: PLANTATION, FL 33313

Title: PD () Delete
Name: CASTELLANO, CHRIS
Address: 7500 NW 17 ST #101
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: KENDALL, CARMELLA
Address: 7500 NW 17TH ST #307
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GARRIGA, TOM
Address: 7500 NW 17 ST #205
City-St-Zip: PLANTATION, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM GARRIGA

PD

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date