


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90080 022 \*\*\*\*61.25

**DOCUMENT # 726549**  
 1. Entity Name  
 OMEGA CONDOMINIUM NO. 8, INC.



Principal Place of Business  
 7500 N.W. 17TH STREET  
 PLANTATION, FL 33313-2174

Mailing Address  
 7500 N.W. 17TH STREET  
 PLANTATION, FL 33313-2174



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03292008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-1559708 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERGMAN, A.C., CPA  
 7515 W. OAKLAND PARK BLVD.  
 LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent  
 Name A.T.R. Management Corp.  
 Street Address (P.O. Box Number is Not Acceptable)  
1509 S. University Drive  
 City Plantation FL 33324

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 [Signature] Max Touniger, Vice President 4/9/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

TITLE	TSD	<input type="checkbox"/> Delete
NAME	CARMICHAEL, DEBBIE	
STREET ADDRESS	7500 NW 17TH ST #205	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOMPLAISIR, ELAINE	
STREET ADDRESS	7500 NW 17TH STREET #203	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZALESKY, JEAN	
STREET ADDRESS	7500 NW 17TH ST #302	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDWEITZ, PEARL	
STREET ADDRESS	7500 NW 17TH ST #304	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAGODNKI, LEWIS H	
STREET ADDRESS	7500 NW 17TH STREET #108	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONIEL MICHAEL	
STREET ADDRESS	7500 NW 17th St #204	
CITY-ST-ZIP	Plantation FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: Clairne Mary Lawler 4-18-08 954-646-9980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #