

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292008

Chg-NP

CR2E037 (12/06)

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

Max Truniger, Vice President 4/9/2008
(NOTE: Registered Agent signature required when reinstating)

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 954-646-9980
Date Daytime Phone #