2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N0100000930 EIGH HOMEOWNERS ASSOCIA			0	4-04-2008 9	90017 001 ****6	1.25
Principal Place of Business 301 LAKE AMBERLEIGH DR WINTER GARDEN, FL 34787		Mailing Address 301 LAKE AMBERLEIGH OR WINTER GARDEN, FL 34787					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		03312008 CI	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-372263	7		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	S8.75 Add	ditional
	6. Name and Address of Current Regist	ered Agent		7. Name and Add	ress of New Re	gistered Agent	
HED7IC G			Name				· · · · · ·
	AMBERLEIGH DR GARDEN, FL 34787	Street Address		ss (P.O. Box Number is I	Not Acceptable)		
			City			FL Zip Cod	e
	named entity submits this statement for the p ions of registered agent.						and accept
	Signature, typed or printed name of registered agent and title in	applicable. (NOTE:	Registered Agent signature req	quired when reinstating)	, ,	DATE	
	Signature, typed or printed name of registered agent and title r Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	1	DATE Ike check payable t da Department of S	
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Thereby certally that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florida Statutes. Florida Statutes. Truther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date