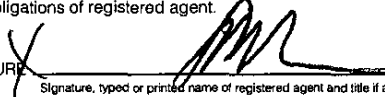
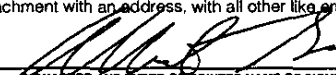


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 049 ****61.25

DOCUMENT # N03000002834 1. Entity Name MURANO AT HAMPTON PARK NO. 8 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076		Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076	
2. Principal Place of Business 825 Coral Ridge Drive		3. Office Address 825 Coral Ridge Drive	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071 Country USA		Zip 33071 Country USA	
4. FEI Number 80-0065397		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 825 Coral Ridge Drive City Coral Springs FL Zip Code 33071	
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  DATE APR 21 2004 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, 2004		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOMEZ, ALBERT 12534 WILES ROAD CORAL SPRINGS, FL 33076	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLUCKMAN, NICHOLAS 12534 WILES ROAD CORAL SPRINGS, FL 33076	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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			
Date			
Daytime Phone #			

14006752



04012004 Chg-NP CR2E037 (10/03)