2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90196 049 ****61.25

14006752

DOCUMENT # N03000002834

1. Entity Name
MURANO AT HAMPTON PARK NO. 8 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12534 WILES ROAD CORAL SPRINGS, FL 33076	12534 WILES ROAD CORAL SPRINGS, FL 33076

2. Principal Place of Business	3. Mailing Address
825 Coral Ridge Dr	825 Coral Ridge Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip 33071 Country USA	Zip 33071 Country USA

04012004 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076	Name Street Address (P.O. Box Number is Not Acceptable) 825 Coral Ridge Dr 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: X _____ APR 21 2004
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, 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**825 Coral Ridge Drive** **Coral Springs, FL 33071**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GOMEZ, ALBERT 12534 WILES ROAD CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**825 Coral Ridge Drive** **Coral Springs, FL 33071**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLUCKMAN, NICHOLAS 12534 WILES ROAD CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**825 Coral Ridge Drive** **Coral Springs, FL 33071**	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 #