## FILED Mar 23, 2007 8:00 am Secretary of State 03-23-2007 90023 050 \*\*\*\*61.25

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0300002834  1. Entity Name MURANO AT HAMPTON PARK NO. 8 CONDOMINIUM ASSOCIATION, INC.											
Principal Place of Business 8540 SW 25 COURT MIRAMAR, FL 33025 US		Mailing Address 8540 SW 25 COURI MIRAMAR, FL 3302			l	040625					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					<b>1840</b> iiii <b>18</b> 11 <b>19</b> 11				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-NP	CR2E	37 (12/06)			
City & State		City & State			4. FE! Numbe 80-006			<del></del>	oplied For ot Applicable		
Zip	Country	Zip	Co	ountry		5. Certificate	of Status Desired	d []	\$8.75 Add		
6. Name and Address of Current Registered Agent				T		7. Name and	Address of Nev	v Registered	Agent		
				Name	Nагне						
GARY MARS, P.A.  150 WEST FLAGLER STREET  MUSEUM TOWER, STE. 2701			Street A	ddress (	P.O. Box Numbe	r is Not Accepta	sple)				
MIAMI, FL				ĺ							
)				City			- <del></del>	FI	Zīp Cod	la	
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, typed or priviled name of registered ager	t and title if applicable.	NOTE: Register	ored Agent signes	ure required	when reinstating)		DATE		<del></del>	
	Signature, typed or privided name of registered ager Filling Fee Is \$61.25 Due by May 1, 2007	9. Election		Financing	La codrigad	\$5.00 May B Added to Fees	e F	Make che	ck payable t		
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I hereby certify that the information supplied with this filling 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 eath; 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.

\*\*GNATURE:\*\*

\*\*GNATURE:\*\*

SIGNATURE: