

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005302

1. Entity Name
**EIGHT OF THE NARROWS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8 GULF BLVD
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**P.O. BOX 170
MAHOMET, IL 61853**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1661727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOUGEY, ROBERT L
8 GULF BLVD - UNIT 101
INDIAN ROCKS BEACH, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

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 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MOUGEY, ROBERT L
PO BOX 170
MAHOMET, IL 61853**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALDROP, MARK S
10070 W. HALLS RIVER RD
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WALDROP, DREAMA
10070 W. HALLS RIVER RD
HOMOSASSA, FL 34448**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000715350
04/27/07-80061-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Robert L Mougey Robert L Mougey 4/10/07 217 621-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #