


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 10, 2008 08:00 A
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
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01122008 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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04/22/08-80082-025 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:  4/6/08 27621-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #