

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04192

FILED
Mar 09, 2007
Secretary of State

Entity Name: LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT EIGHT INC.

Current Principal Place of Business:

18590 N.W. 67 AVENUE, #200B
MIAMI, FL 33015

New Principal Place of Business:

19764 NW - 54TH. AVENUE
OPA LOCKA, FL 33055

Current Mailing Address:

18590 N.W. 67 AVENUE, #200B
MIAMI, FL 33015

New Mailing Address:

19764 NW - 54TH. AVENUE
OPA LOCKA, FL 33055

FEI Number: 59-2191748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROTONDO, EDUARDO
18590 N.W. 67 AVENUE, #200B
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

SILVA, AMANDA
19764 NW - 54TH. AVENUE
OPA LOCKA, FL 33055 US

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.

SIGNATURE: AMANDA SILVA

03/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, AMANDA
Address: 19764 N.W. 54 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: ST () Delete
Name: ACEVEDO, MARIA
Address: 19825 N.W. 53 PLACE
City-St-Zip: OPA LOCKA, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, AMANDA
Address: 19764 N.W. 54TH. AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: STD (X) Change () Addition
Name: ACEVEDO, MARIA
Address: 19825 N.W. 53RD. PLACE
City-St-Zip: OPA LOCKA, FL 33055

Title: VPD () Change (X) Addition
Name: ZELEDON, CARLA
Address: 5263 NW - 198TH. TERRACE
City-St-Zip: OPA LOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA SILVA

PD

03/09/2007

Electronic Signature of Signing Officer or Director

Date