2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N04192

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

Current Principal Place of Business:

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

New Principal Place of Business:

6625 MIAMI LAKES DRIVE
332
MIAMI LAKES, FL 33014

Current Mailing Address:

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

New Mailing Address:

6625 MIAMI LAKES DRIVE
332
MIAMI LAKES, FL 33014

FEI Number: 59-2191748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GLOBAL MANAGEMENT SERVICES CORP.
6625 MIAMI LAKES DRIVE
332
MIAMI LAKES, FL 33014 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: CARLOS J. MEJIA 02/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: RIVERA, ROSA
Address: 5261 NW - 195TH. TERRACE
City-St-Zip: OPA LOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify 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 PRES 02/14/2008
Electronic Signature of Signing Officer or Director Date