

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N04192

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



Principal Place of Business
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~
7500 NW 25 ST. 106, Doral, Fla 33122

Mailing Address
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~
7500 NW 25 ST. 106, Doral, Fla 33122

2. Principal Place of Business - No P.O. Box #
7500 NW 25 ST.

3. Mailing Address
7500 NW 25 ST. 106, Doral, Fla 33122

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

04222008 Chg-NP CR2E037 (12/06)

City & State
Doral, Fla

City & State
Doral, Fla

Zip
33122

Country

Zip
33122

Country

4. FEI Number
59-2191748

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GLOBAL MANAGEMENT SERVICES CORP.~~
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~

7. Name and Address of New Registered Agent

Name
Community MANAGEMENT Consultants Group

Street Address (P.O. Box Number is Not Acceptable)
7500 NW 25 ST. 106

City
Doral

FL

Zip Code
33122

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]* **6/13/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, AMANDA		NAME	MILTON CUADROS	
STREET ADDRESS	4976 N.W. 54TH AVENUE		STREET ADDRESS	5326 NW 198TH TERRACE	
CITY - ST - ZIP	OPALOCKA, FL 33065		CITY - ST - ZIP	MIAMI GARDENS, FL 33055	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, MARIA		NAME	Jose I. Moncada	
STREET ADDRESS	49826 N.W. 53RD PLACE		STREET ADDRESS	5302 NW 197TH TERRACE	
CITY - ST - ZIP	OPALOCKA, FL 33065		CITY - ST - ZIP	MIAMI GARDENS, FL 33055	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ROSA		NAME	KICARDO RODRIGUEZ	
STREET ADDRESS	5281 NW 495TH TERRACE		STREET ADDRESS	29730 N.W. 54TH PLACE	
CITY - ST - ZIP	OPALOCKA, FL 33065		CITY - ST - ZIP	MIAMI GARDENS, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	GILBERTO URBIE	
STREET ADDRESS			STREET ADDRESS	5222 N.W. 197TH TERRACE	
CITY - ST - ZIP			CITY - ST - ZIP	MIAMI GARDENS, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	ROBERTO GARCIA	
STREET ADDRESS			STREET ADDRESS	5416 NW 197TH TERRACE	
CITY - ST - ZIP			CITY - ST - ZIP	MIAMI GARDENS, FL 33055	
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *[Signature]* **7-31-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #