
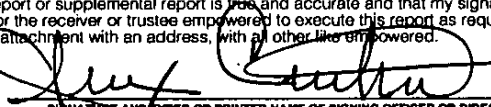


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N16500		
1. Entity Name LAKE WINDWOOD CONDOMINIUM VIII ASSOCIATION, INC.		
Principal Place of Business 320 OLIVEWOOD PL. BOCA RATON, FL 33431	Mailing Address 320 OLIVEWOOD PL. BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD, SUITE 1220 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YUK, SAMUEL 321 OLIVEWOOD PL. #0-221 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IGLESIAS, ADAM 5225 FWOODLAND LAKES DRIVE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTANO, ALEJANDRO J 321 OLIVEWOOD PL. #0-220 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/7/07 <small>Date</small>



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2734912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/21/07-80080-014 61.25