2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16500

FILED Jan 24, 2009 Secretary of State

Entity Name: LAKE WINDWOOD CONDOMINIUM VIII ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

320 OLIVEWOOD PL. BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

C/O GATES MGMT SERVICES PO BOX 2568 BOCA RATON, FL 33427

FEI Number: 59-2734912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELFAND, MICHAEL J GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD, SUITE 1220 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD () Delete
 Title:
 STD (X) Change () Addition

 Name:
 YUK, SAMUEL
 Name:
 JACKMAN, ANDREW W

 Address:
 321 OLIVEWOOD PL. #0-221
 Address:
 301 OLIVEWOOD PL. #0-126

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

Title: D () Delete Title: () Change () Addition

 Name:
 IGLESIAS, ALEX
 Name:

 Address:
 5225 WOODLAND LAKES DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 AMOROSO, DANIELA
 Name:
 AMOROSO, DANIELA

 Address:
 321 OLIVEWOOD PL #0-220
 Address:
 321 OLIVEWOOD PL #0-220

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 BOCA RATON, FL 33431

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: DANIELA AMOROSO P 01/24/2009