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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

720415

(9)

MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## FILED Feb 17 1997 8:00am Secretary of State



5711 N W 67TH TAMARAC FL 33		5711 N W 67TH AVE TAMARAC FL 33321-5764			ı	3. Date Incorporated or Qualified 03/04/1971	3a. Da	te of Last F	Report IOS	
9 Principal Pl	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number				
2. Filicipa re	Idea of progress	26			23-7096608	4. FEI Number Applied For Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional	
22		27			5. Certificate of Status Desired			equired		
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip 34	Country 25	Zip	30	ntry		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		
ı .			İ	B1	Name		•			
5718 NV	CANTONIO, ALBERT V 68 AVE					ddress (P.O. Box Number is Not Acceptable)				
TAMARA	IC FL 33321		,	83						
-			Ì	84	City		FL	85 Zip	Code	
11 Dureuant (	to the provisions of Sections 617.05	02 and 617 1508 Florida Status	toe the sh	NV P	-pamed d	corporation submits this statement for the r		changing	te registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was	authorized	by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	of the appo	sintment as	registered	
-	$h \cdot i \cdot h \cdot $	. 0.	_		The	Brook 1/2-	19-	>		
SIGNATURE,	HLOPRY Jem RR Signature, typed or printed hame of registered as	gent and title if applicable (NO	TE: Registered	Ager	nt signature n	equired when reinstating)	DATE	<u> </u>		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	P	DELETE	1.1 111		ı			L Change		
NAME	DEMARCANTONIO, ALBERT		1.2 NA		i					
STREET ADDRESS	5718 NW 68 AVE	1001/0-2			ADDRESS					
CITY-ST-ZIP TITLE	TAMARAC FL (P)	Resident)	1.4 C/I 2.1 T/I		T-ZIP	HTGE PRECIPING		Change	Addition	
NAME	SOBECK, EDWARD	A.RULLETT.	2.1 HI 2.2 NA		1	VICE PRESIDENT ART SKIE		T Cuantie	Addition	
STREET ADDRESS	5721 NW 68TH AVE				ADDRESS	5706 NW 64 WAY				
CITY-ST-ZIP	TAMARAC FL		2.4 CI		1	TAMARAC. FL 33321-	5735	,	D	
TITLE	AVPD	☐ DELETE	3.1 TIT		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	FETTROW, LARRY		3.2 NA	ME	1					
STREET ADDRESS	6603 NW 58TH ST		3.3 ST	REET	ADDRESS					
City-St-ZiP	TAMARAC FL		3.4. CI	ITY-S	T-ZIP					
TITLE	TD	XX DELETE	4.1 (1)	TLE		TREASURE	3	Change	Addition	
NAME	PICARDI, LOIS		4.2 N	AME		JOANNE PARZIALE				
STREET ADDRESS	6613 NW 57TH CT		1		ADDRESS	6704 NW 58 CT		_		
CITY - ST - ZIP	TAMARAC FL	T BEITTE	4.4 Cf	_	T-ZIP	TAMARAC, FL 33321			1.22.2	
TITLE	SD COODAINE	☐ DELETE	5.1 TIT					L Change	☐ Addition	
NAME OTOGET LEDDEGG	MAILLOUX, LORRAINE 5723 NW 65 WAY		5.2 NA		ADDRESS					
STREET ADDRESS	TAMARAC FL	$\boldsymbol{\nu}$			ADDRESS	·				
CITY-ST-ZIP TITLE	IAMARAU FL	DELETE	5.4 CI			UD OULDOO ON MARKET	N73 N767	Chance	Addition	
NAME		- Dittit	6.2 NA		[	VP CHARGE OF MAINTE	NANCI	onenge L	XX	
STREET ADDRESS					ADDRESS	DAVID HILL				
CITY-ST-ZIP			6.4 CI			5715 NW 69 AVE	C746		D	
OHT-SI-ZIF	I		0.4 (.1	11-3	1-64	TAMARAC FL 33321-	5/46			

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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