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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90052 045 ****61.25

03-02-1999 90052 046 *****8.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720415

1. Corporation Name

MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.

Principal Place of Business

5711 N W 67TH AVE
TAMARAC FL 33321

Mailing Address

5711 N W 67TH AVE
TAMARAC FL 33321



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/04/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7096608

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMARCONTONIO, ALBERT
5718 NW 68 AVE
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DEMARCONTONIO, ALBERT**
STREET ADDRESS **5718 NW 68 AVE**
CITY-ST-ZIP **TAMARAC FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE
NAME **CASS, JIM**
STREET ADDRESS **6808 NW 57 CT**
CITY-ST-ZIP **TAMARAC FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AVPD** ☒ DELETE
NAME **FETROW, LARRY**
STREET ADDRESS **6603 NW 58TH ST**
CITY-ST-ZIP **TAMARAC FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **PARZIALE, JOANNE**
STREET ADDRESS **6704 NW 58 CT**
CITY-ST-ZIP **TAMARAC FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **MAILLOUX, LORRAINE**
STREET ADDRESS **5723 NW 65 WAY**
CITY-ST-ZIP **TAMARAC FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **VPD** ☐ DELETE
NAME **PATTUCCI, ERNEST**
STREET ADDRESS **5720 NW 70 AVE**
CITY-ST-ZIP **TAMARAC FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

TREASURE
LORRAINE MAILLOUX
5723 NW 65 WAY
TAMARAC, FL 33321-5777

SECRETARY
LINDA BEAN
5710 NW 69 AVE
TAMARAC, FL 33321

MAINTENANCE MANAGER
THOMAS ORGAN
6713 NW 58 CT
TAMARAC, FL 33321

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Albert DeMarcantonio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert DeMarcantonio

1-954-722-9168

1/6/99

Date

Daytime Phone #

CR2E037 (1/98)