

DOCUMENT # 720415

1. Entity Name

MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION,

Principal Place of Business

Mailing Address

5711 N W 67TH AVE
TAMARAC FL 333215711 N W 67TH AVE
TAMARAC FL 33321-5764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7096608

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMARCONTONIO, ALBERT
5718 NW 68 AVE
TAMARAC FL 33321

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P, D	<input type="checkbox"/> Delete
NAME	DEMARCONTONIO, ALBERT	
STREET ADDRESS	5718 NW 68 AVE	
CITY-ST-ZIP	TAMARAC FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CASS, JIM	
STREET ADDRESS	6808 NW 57 CT	
CITY-ST-ZIP	TAMARAC FL	

TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE MAILLOUX	
STREET ADDRESS	5723 NW 65 WAY	
CITY-ST-ZIP	TAMARAC, FL 33321-5777	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAILLOUX, LORRAINE	
STREET ADDRESS	5723 NW 65 WAY	
CITY-ST-ZIP	TAMARAC FL 33321-5777	

TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA PENSO	
STREET ADDRESS	5718 NW 66 AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	

TITLE	S, D	<input type="checkbox"/> Delete
NAME	BEAN, LINDA	
STREET ADDRESS	5710 NW 69 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PATITUCCI, ERNEST	
STREET ADDRESS	5720 NW 70 AVE	
CITY-ST-ZIP	TAMARAC FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM ORGAN	
STREET ADDRESS	6713 NW 58 CT	
CITY-ST-ZIP	TAMARAC FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

03-09-2000 90069 001 ****61.25

03-09-2000 90069 002 ****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)