
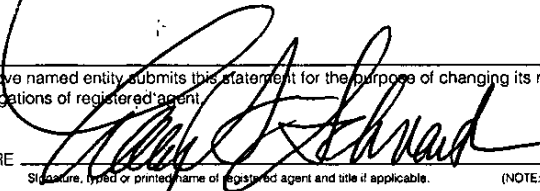




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90001 009 ****61.25

DOCUMENT # 720415 1. Entity Name MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.					
Principal Place of Business 5711 NW 67TH AVE TAMARAC, FL 33321			Mailing Address 5711 NW 67TH AVE TAMARAC, FL 33321		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERNATMA, TRACEY 2531 ARAGON BLVD. SUNRISE, FL 33322				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005 <i>Sept 7, 2005</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, SALLY		NAME	Jo Anne Boggus	
STREET ADDRESS	5715 NW 65TH AVE		STREET ADDRESS	6721 NW 58th Ct	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOUX, LORRAINE		NAME	Peggy Ward	
STREET ADDRESS	5723 NW 65 WAY		STREET ADDRESS	5719 NW 66th Terr.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE	Maguire Mary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	5711 NW 67ave	
STREET ADDRESS			STREET ADDRESS	Tamarac FL 33321	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/26/05 Daytime Phone # 954-721-8379		