

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90033 036 \*\*\*\*70.00

**DOCUMENT # 720415**

1. Entity 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

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 Fee Required

6. Name and Address of Current Registered Agent

**DEMARCONTONIO, ALBERT  
5718 NW 68 AVE  
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **PD** ☐ Delete  
NAME **DEMARCONTONIO, ALBERT**  
STREET ADDRESS **5718 NW 68 AVE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
NAME **BEAN, LINDA**  
STREET ADDRESS **5710 NW 69 AVE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Sally Carney**  
STREET ADDRESS **5715 NW 65 Ave**  
CITY-ST-ZIP **Tamarae, Fl 33321**

TITLE **D** ☐ Delete  
NAME **ORGAN, TOM**  
STREET ADDRESS **6713 NW 58 CT**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete  
NAME **MALLOUX, LORRAINE**  
STREET ADDRESS **5723 NW 65 WAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33321**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete  
NAME **SCHNITZER, AGNES**  
STREET ADDRESS **5723 NW TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33321**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Albert Demarcantonio Pres**

CR2E037 (10/02)