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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 7

720482

(9)

TAMARAC BY-THE-GULF, INC.

| Principal Plac | e of Business | Mailing Address | | | | | | . | /#IX WIDIL WI | 63E 81011 1801 |
|--------------------------------|---|--|----------------------------------|----------------------------|--------------|-------------------------|---|---------------------|----------------------|-----------------------------|
| 9099 141ST ST SEMINOLE FL S | | 9099 141ST ST N SEMINOLE FL 33776-2008 | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 03/12/1971 | 3a. Date 04 | of Last R /12/199 | eport 36 |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | | 4. FEI Number Applied For 23-7044325 Not Applied by | | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | | | | 20 7044020 | | | ot Applicable Additional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | | 70.70 / Fee Re | |
| City & Stat | 0 | City & | State | | _ | | 6. Election Campaign Financing | - 4- 11 1 11 | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | | |
| Zip | Country | Zip | | Cou | ntry | | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | 29 | | 30 | | | | Yes | | |
| | 9. Name and Address of Curr | ent Hegistered A | Agent | | 81 | Name | 10. Name and Address of New R | egistered Age | 9 nt | |
| DECKED | O DOLLAPORE DA | | | | | Hallio | | | | |
| | & Poliakoff, P.A. Entral Ave., Suite 104 | | | | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| | RSBURG FL 33710 | | | | 83 | | | | | |
| | | | | | 84 | City | | FL | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 617.0 | 502 and 617.150 | 8, Florida Statu | tes, the at | XOVE | -named corp | poration submits this statement for the | purpose of ch | nanging it | s registered |
| office or r | registered agent, or both, in the Sta am familiar with, and accept the obl | ite of Florida. Suc ligations of, Section | ch change was on 617.0503, Fi | authorized Iorida Stati | d by utes | the corpora | tion's board of directors. I hereby acce | pt the appoin | itment as | registered |
| SIGNATURE | | | , | | | | | | | 1 |
| | Signature, typed or printed name of registered in | | ble (NO | | Age | nt algnature requi | red when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | DELETE | 13. | | - | ADDITIONS/CHANGES TO OFFI | | Change | RS IN 12 |
| TITLE | -SD- Lebaron, Doris | | ☐ DECE IE | 1.1 T() 1.2 NA | | ļ, " | <i>6</i> | 4 | 1 cusude | L_I Addition |
| NAME OTOTES ADDRESON | 14071 90TH PLACE N | | | | | 4808500 | | | | |
| STREET ADDRESS | SEMINOLE FL | | | | | ADDRESS | | | | 1 |
| CITY-ST-ZIP TITLE | PD PD | · · · · · · · · · · · · · · · · · · · | | 1.4 City-St 2.1 Title | | | В | | Change | Addition |
| NAME | STANDIFORD, LOIS B. | | | 2.2 NAME | | | GNER HEATH | <u> </u> |) Chango | PC PROBLEM |
| STREET ADDRESS | 8705 141 ST N. | | | | | | 026 90th Ave.N. | | | |
| CITY-ST-ZIP | SEMINOLE FL | | | 2.4 CI | | | EMINOLE, FL 33771 | b | | I |
| TITLE | VP | DELETE | | 3.1 TITLE | | V | | | Change | Addition |
| NAME | BROWN, KEITH S. | • | | | 3.2 NAME | | AVID MITCHELL | | | ••• |
| STHEET ADDRESS | 8644 141ST ST. N. | | | | | ADDRESS 14 | 1070 9044 AVE, N | | | |
| CITY-ST-ZIP | SEMINOLE FL | | | 3.4. CI | | | BMINDLE FL 537 | | | I |
| TITLE | -TGS- | | DELETE | 4.1 TIT | | Č. | | | Change | Addition |
| NAME | KRAMER, TERRY | | | 4, 2 N | AME | | | • • | - | |
| STREET ADDRESS | 9295 140TH WAY N | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | SEMIMNOLE FL | | | 4.4 CF | | · . | | | | |
| TITLE | D | | DELETE | 5.1 TIT | | | | | Change | Addition |
| NAME | GAMBLE, WILLIAM | | | 5.2 NA | ME | | | | | |
| STREET ADORESS | 9097 140TH WAY N | | | 5.3 ST | REET | ADDRESS | | | | |
| CITY - ST - ZIP | SEMINOLE FL | | _ | 5.4 CI | TY-S | T-ZIP | | | _ | |
| TITLE | T | | DELETE | 6.1 TIT | | 5 | Ь. | | Change | Addition |
| NAME | BRUNK, ROBERT G. | | | 6.2 NA | ME | N | JARYANN VOGEL | | | · |
| CIDILI ADDRESS | DOES 141ST ST N | | | £ 9 P.7 | DEET | ADDRESS 14 | 1057 QUY 1 145 | | | |

14. I do 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 tristee 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: He have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tristee 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.

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