

FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

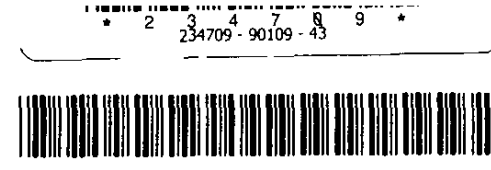
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720482
 1. Corporation Name
TAMARAC BY-THE-GULF, INC.

Principal Place of Business 9099 141ST ST N SEMINOLE FL 33776 US	Mailing Address 9099 141ST ST N SEMINOLE FL 33776 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7044325
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 5999 CENTRAL AVE., SUITE 104 ST PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEBARON, DORIS		1.2 NAME John J. Vogel	
STREET ADDRESS 14071 90TH PLACE N		1.3 STREET ADDRESS 9234 141st Street N	
CITY-ST-ZIP SEMINOLE FL		1.4 CITY-ST-ZIP Seminole FL 33776	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEATH, HENRY		2.2 NAME Paul S. Reed	
STREET ADDRESS 14026 90TH AVE N		2.3 STREET ADDRESS 14103 87th Avenue N	
CITY-ST-ZIP SEMINOLE FL		2.4 CITY-ST-ZIP Seminole FL 33776	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOODWIN, THOMAS		3.2 NAME Ruth A. Lovelace	
STREET ADDRESS 8669 141ST ST N		3.3 STREET ADDRESS 9121 140th Way N	
CITY-ST-ZIP SEMINOLE FL 33776		3.4 CITY-ST-ZIP Seminole FL 33776	
TITLE CS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRAMER, TERRY		4.2 NAME Henry N. Heath	
STREET ADDRESS 9295 140TH WAY N		4.3 STREET ADDRESS 14026 90th Avenue N	
CITY-ST-ZIP SEMINOLE FL		4.4 CITY-ST-ZIP Seminole FL 33776	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GAMBLE, WILLIAM		5.2 NAME David C. Mitchell	
STREET ADDRESS 9097 140TH WAY N		5.3 STREET ADDRESS 14070 90th Avenue N	
CITY-ST-ZIP SEMINOLE FL		5.4 CITY-ST-ZIP Seminole FL 33776	
TITLE RS	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SASAKI, BARBARA		6.2 NAME Howard W. Rupp	
STREET ADDRESS 14167 90TH AVE N		6.3 STREET ADDRESS 8629 141st Way N	
CITY-ST-ZIP SEMINOLE FL 33776		6.4 CITY-ST-ZIP Seminole FL 33776	

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: D. Doris LeBaron 2/5/99 596-4386
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)

034 107-70101-43
720482

Additions:

D

Charles F. Davis
9541 141st Street N
Seminole FL 33776

D

Leonard Foulds
9157 143rd Street N
Seminole FL 33776

D

Barbara Ross
14109 87th Avenue N
Seminole FL 33776