


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90221 047 ****61.25

DOCUMENT # 720482
1. Entity Name
TAMARAC BY-THE-GULF, INC.



Principal Place of Business Mailing Address
9099 141ST ST N 9099 141ST ST N
SEMINOLE FL 33776 SEMINOLE FL 33776
US US

J4U71134



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number Applied For
23-7044325 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOFSTRA, PETER T ESQ
8640 SEMINOLE BLVD.
SEMINOLE FL 33772

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSTRIKA, FRAN <i>OSTRIKA</i> <input type="checkbox"/> Delete 14132 89TH AVE N SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAMBLE, ZARON <input checked="" type="checkbox"/> Delete 9210-14TH LANE SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, PAUL S <input checked="" type="checkbox"/> Delete 14103 87TH AVENUE NORTH SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LOVELACE, RUTH A <input checked="" type="checkbox"/> Delete 9121 140TH WAY N. SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD KOSEL, JOHN <input checked="" type="checkbox"/> Delete 4034 141 STREET NORTH SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lois STANDIFORD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8705 141ST ST N.</i> <i>SEMINOLE, FL 33776</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>GAMBLE, ZARON</i> <i>9210-14TH LANE N.</i> <i>SEMINOLE, FL 33776</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>GLORIE THOMAS</i> <i>14059-90TH PLACE N</i> <i>SEMINOLE, FL 33776</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>BARBARA BAWOH</i> <i>14131 87TH AVE N</i> <i>SEMINOLE, FL 33776</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Zaron Gamble* **ZARON GAMBLE** Date: *4/23/04* Daytime Phone #: *(727) 596-4386*